



**FORT BELKNAP INDIAN COMMUNITY**  
**Loan Application**  
**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

Requesting: *(circle one)*      **SHORT TERM LOAN**      **REVOLVING CREDIT LOAN**

Applicant:		Co Applicant: (if needed)	
Mailing Address:		Mailing Address:	
Enrollment Number: 204U00-		Enrollment Number: 204U00-	
Date of Birth:	SSN:	Date of Birth:	SSN:
Place of Employment:		Place of Employment:	
Length of Employment:	Bi-weekly Salary:	Length of Employment:	Bi-weekly Salary:
Work Number:	Cell Number:	Work Number:	Cell Number:
Email Address:		Email Address:	

Information above this line is **REQUIRED** for complete application.

*(Please note that all loan amounts are based on the availability of funds)*

Amount Requested: \$	Purpose:
Repayment Amount: \$	Bi-weekly    Month    Annual    Beginning Date:

Other Security Offered (Please List):

**\*\*REVOLVING CREDIT ONLY\*\***

List all existing monthly **DEBTS** including rent, house payment, credit cards, any loans (including loan(s) with Credit) as well as power, phone, and any other payback obligations you may have.

<i>Applicant</i>				<i>Co Applicant</i>		
Paid to	Type of Debt	Payment	Balance	Paid to	Payment	Balance
Total Expenses						

I/we authorize anyone to release income/credit information concerning myself/ourselves to the Fort Belknap ED Credit. This authorization is given to enable Credit to evaluate/our request for credit. I/We certify that all statements are true and complete and are submitted for the purpose of obtaining credit. Verification may be obtained from any source named in the application and from any credit reporting agency.

Applicant Signature:\_\_\_\_\_

Date:\_\_\_\_\_

Co-Applicant Signature:\_\_\_\_\_

Date:\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – CREDIT STAFF USE ONLY**

Application check list	Approved (with requirements?)	Disapproved (if so why?)
Proof of Enrollment	Amount \$	Over \$3000 loan limit
Last years taxes	Sign Wage Agreement	Delinquent loan
4 months current pay stubs	Increase payment	Non-enrolled
Summary of purpose of loan (rcf only)		120-day probation incomplete
Estimates/Invoices Attached		Insufficient income
Documentation requested by staff		Uncollectable
other	other	other

**Current Loan Balance:**      **STL**                      **RCF**                      **SB**                      **HB**                      **TOTAL:**

**Comments:**

**Signature of Authorized Credit Representative:**

**Date:**

