



Post Office Box 205
Wellpinit, WA 99040

Office # (509) 458-6580
Fax # (509) 458-6581

Amount Requested: _____ Payment amount: _____ Payroll Deductions: Yes No

Purpose of loan: _____ NEW: _____ REFINANCE: _____

APPLICANT			SPOUSE /CO-SIGNER		
First Name	Initial	Last Name	First Name	Initial	Last Name
Mailing Address		Time at Address	Mailing Address		Time at Address
City	State	Zip Code	City	State	Zip Code
Residence Address			Residence Address		
Email address			Email address		
Home Number	Social Security Number	Tribal ID #	Home Number	Social Security Number	Tribal ID #
Cell Number	Date of Birth	# Of Dependants	Cell Number	Date of Birth	# Of Dependants
INCOME					
Provide Recent Pay Stubs (** if self-employed or seasonally employed, please attach income tax return)					
Current Employer			Current Employer		
Address/Unit		Telephone number	Address/Unit		Telephone number
City	State	Zip Code	City	State	Zip Code
How long	Position/Grade	Monthly Gross Salary	How long	Position/Grade	Monthly Gross Salary
Former Employer and Position		How Long?	Former Employer and Position		How Long
Sources of additional income with verification (Social Security, TANF, GA, rent, stock, retirement, etc.). Income received from child support, alimony or maintenance is optional information to be furnished only if you desire this income to be considered in evaluating your application					
Type	How Long	Monthly amount	Type	How Long	Monthly Amount
Type	How Long	Monthly amount	Type	How Long	Monthly Amount
MISC. INFO					
Other names used:			Other names used:		
Name of nearest relative not living with you		Relationship	Name of nearest relative not living with you		Relationship
Mailing address		Phone number	Mailing address		Phone number

IMPORTANT: Please complete this Personal Financial Statement. Please indicate all property owned and debts owed. Please list all assets including collateral used. If using a co-signer he/she needs to complete the following information also. Attach additional sheets if necessary.

ASSETS (OWNS)	Present value	LIABILITIES	Borrower		Co-Signer	
			Payments	Present Balance	Payments	Present Balance
Home		Rent or Mortgage To Whom				
		Home Insurance				
Auto -Year, Make and Model		Auto				
Auto – Year, Make and Model		Auto				
		Auto Insurance (Pick One: 1 3 6 12 months)				
		Other Real Estate				
		Spokane Tribal Credit Long Term Loan				
		Spokane Tribal Credit Short Term Loan				
		Spokane Tribal Credit Auto Repair Loan				
		Spokane Tribal Credit Education Loan				
		Credit Cards/Other debt				
		Alimony/Child Support				
	TOTAL:	TOTAL:				

CUSTOMER COMMENTS:

I/We hereby authorize anyone to release income/credit information concerning myself/ourselves to Spokane Tribal Credit. This authorization is given to enable STC to evaluate my/our request for credit. I/We certify that all statements are true and complete and are submitted for the purpose of obtaining credit. **Verification will be obtained from any source named in the application and from any credit-reporting agency.** I agree that the application shall remain STC property whether it is approved or not approved.

X _____
Applicant

Date

X _____
Co-Applicant

Date