

Post Office Box 205  
Wellpinit, WA 99040



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



Amount Requested: \_\_\_\_\_

Payment:  Minimum due or  Set Amount \_\_\_\_\_

Purpose of Loan: \_\_\_\_\_

Payroll Deductions: Yes  No

New:  Refinance:

Enroll in ACH Automatic Payments? Yes  No

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 Dependents	Cell Number	Date of Birth	# Of Dependents
<b>INCOME</b>					
<b>Provide Recent Pay Stubs (** if self-employed or seasonally employed, please attach income tax return)</b>					
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
<b>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</b>					
Type	How Long	Monthly amount	Type	How Long	Monthly Amount
Type	How Long	Monthly amount	Type	How Long	Monthly Amount
<b>MISC. INFO</b>					
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 - address		Rent or Mortgage To Whom:				
		Home/Renters Insurance (Amount paid monthly)				
Auto -Year, Make and Model		Auto- Year, Make and Model				
Auto - Year, Make and Model		Auto- Year, Make and Model				
		Auto Insurance (Amount paid monthly)				
		Other- please list				
Other Real Estate						
		Spokane Tribal Credit Loans				
		Credit Cards/Other debt - Please list				
		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