



DATE:

Credit Application

If you have any questions about filling out this application, Contact 918-453-5536.

Please return completed application to the Small Business Assistance Center.

Please complete the additional Commerical Business Loan Application, if you are seeking a loan for business needs.

Disclaimer: It is the policy of the Cherokee Nation that preference evidenced by a Certificate Degree of Indian Blood (CDIB) be granted to qualified Indian applicants unless such preference is prohibited by an applicable statute, legislation or regulation or the applicant is an employee of Cherokee Nation for Employee Loans.

Application:

- ◆ Complete all portions of the attached Credit Application and additional forms required
 - ◆ A brief written statement explaining the need for the loan
- ◆ Proof of citizenship if not an employee of CN or its entities
 - ◆ Verification of employment/income
 - ◆ Proof of collateral for non-employees*

**Collateral must be equal in value to the loan request and have a clear title.*

APPLICANT INFORMATION

Legal Name and/or <u>Name as Printed on Payroll Check for Employee Loans:</u>			
<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>	<i>MAIDEN</i>
Social Security Number	Date of Birth	Gender	
Co-Applicant: <i>LAST FIRST MIDDLE MAIDEN</i>			
Co-Applicant Social Security Number	Co-Applicant Date of Birth	Gender	Co-Applicant Driver's License Number
Driver's License Number	Community		Main Contact Telephone Number
Marital Status: Complete ONLY if applying with spouse jointly or if requesting a loan secured by collateral located in a community property state. <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Number in Household	Ages		Relation
Current Address (Street, City, State, Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	How Long? County
Previous Address (Street, City, State, Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	How Long? County
Amount Requested:	Requested Funding Date:	Requested Repayment Period:	
Loan Purpose:			
Loan Program (Artist, Employee, Consumer, Commercial Business Loan over \$25K, Micro Business Loan)			

EMPLOYMENT INFORMATION

Current Employer	Address (Street, City, State, Zip)	How Long?	Telephone
Position or Title	Hourly Wage	Monthly Gross Income (Before Tax) \$	Monthly Net income (Take-Home) \$
Previous Employer	Address (Street, City, State, Zip)	How Long?	Telephone
Position or Title	Hourly Wage	Monthly Gross Income (Before Tax) \$	Monthly Net income (Take-Home) \$
Co-Applicant Current Employer	Address (Street, City, State, Zip)	How Long?	Telephone
Position or Title	Hourly Wage	Monthly Gross Income (Before Tax) \$	Monthly Net income (Take-Home) \$

REFERENCES

Please list three (3) references for Applicant and Co-Applicant, with the first one being the nearest relative that lives outside the home:

Name and Address	Telephone Number	Relationship
1		
2		
3		

ADDITIONAL INFORMATION

IS ANY OF THE INCOME LISTED ABOVE LIKELY TO BE REDUCED BEFORE THE CREDIT IS PAID?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU PREVIOUSLY RECEIVED A LOAN FROM CNEDTA? IF YES, WHEN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU COMPLETED TRAINING RECOMMENDED BY CNEDTA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, WHAT IS THE TRAINING COMPLETION DATE? ARE CERTIFICATES ATTACHED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU HAVE HEALTH CARE COVERAGE? IF YES, PLEASE LIST THE PROVIDER:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU OR ANY MEMBER OF YOUR FAMILY CURRENTLY WORK FOR CHEROKEE NATION OR ANY OF ITS ENTITIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

HOUSEHOLD INCOME

Monthly Income		\$ After Taxes		Monthly Expenses		\$ After Taxes	
APPLICANT'S SALARY				RENT OR MORTGAGE ON RESIDENCE			
SPOUSE'S SALARY (if applicable)				AUTOMOBILES:			
BONUS /COMMISSIONS				INSTALLMENT LOANS			
ALIMONY & CHILD SUPPORT				ELECTRICITY, WATER, OIL, & GAS			
INVESTMENT INCOME				FOOD			
REAL ESTATE INCOME				INSURANCE			
PUBLIC ASSISTANCE				ALIMONY & CHILD SUPPORT			
OTHER:				EDUCATION			
OTHER:				TAXES OTHER THAN FEDERAL			
OTHER:				ENTERTAINMENT			
OTHER:				MEDICAL EXPENSES (INCL INSURANCE PREMIUMS)			
	MONTHLY INCOME				MONTHLY EXPENSES		
	MONTHLY DISPOSABLE INCOME			= MONTHLY INCOME LESS MONTHLY EXPENSE			

OTHER INFORMATION

* **NOTE: Alimony, Child Support, or Separate Maintenance Income need NOT be revealed if you do not wish to have it considered as a basis for Repaying the Loan.**

ALIMONY, CHILD SUPPORT or SEPARATE MAINTENANCE INCOME is received or paid under the following:
 COURT ORDER WRITTEN AGREEMENT ORAL UNDERSTANDING

IS ANY OF THE INCOME LISTED ABOVE LIKELY TO BE REDUCED BEFORE THE CREDIT IS REPAYED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU A CO-MAKER / CO-SIGNER, ENDORSER, OR GUARANTOR ON ANY LOAN OR CONTRACT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, FOR WHOM? TO WHOM?	AMOUNT \$	
ARE YOU OBLIGATED TO MAKE ALIMONY, CHILD SUPPORT, OR MAINTENANCE PAYMENTS NOT DISCLOSED ABOVE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, TO WHOM? NAME ADDRESS	AMOUNT \$	
DO YOU OWE ANY LOCAL OR FEDERAL TAXES? IF YES, PLEASE LIST AMOUNT: \$	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES ANYONE HAVE A DAMAGE CLAIM AGAINST YOU? IF YES, PLEASE LIST AMOUNT: \$	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please provide titled collateral with no liens attached to this application. This must be property you own and is in your name.

APPLICANT INFORMATION

Please initial by each item in the space provided that you agree with the statement. If you need additional space please attach to this application.

- _____ I understand that should my loan be approved, prior to closing, CNEDTA will charge a CLOSING FEE in the amount of 2% of the funded amount (not to exceed \$30 for Consumer Loans.)
- _____ I give my permission for CNEDTA to check my credit and employment history and to contact landlords, creditors and other individuals and institutions detailed within this Loan Application.
- _____ I have never filed for bankruptcy protection. (If you have, please give date and status: _____)
- _____ There are no outstanding judgments against me. (If there are, give the amount you could be obligated to pay: _____)
- _____ I am not currently a party to a lawsuit. (If you are, please explain: _____)
- Ethnicity: Please Choose A or B below:
 - A. I do not wish to furnish this information. "The following information is requested by the Federal Government for certain types of loans, in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to be furnish it, under Federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below." "This is an Equal Opportunity Program, Discrimination is prohibited by Federal Law. Complaints or discrimination may be filed with the USDA, Director, Office of Civil Rights, Washington, DC 20250."
 - B. Please CHECK one: CAUCASIAN HISPANIC AFRICAN AMERICAN NATIVE AMERICAN (TRIBE _____)
- _____ I certify that **EVERYTHING I have stated in this Application and any attachments is correct.**

By signing below, I AGREE to the above. Co-Applicant's signatures are required if co-applicant shares ownership of the assets or is a party to obligations disclosed in the Application for a loan from CNEDTA.

Applicant's SIGNATURE _____ Date _____ CO-Applicant's Signature (if applicable) _____ Date _____