



Commerce

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 Commercial Business Loan Application, if you are seeking a loan for business needs.

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>			
LAST	FIRST	MIDDLE	MAIDEN
Social Security Number	Date of Birth	Gender	Email address
Driver's License Number	Community	Main Contact Telephone Number	
Co-Applicant: LAST	FIRST	MIDDLE	MAIDEN
Co-Applicant Social Security Number	Co-Applicant Date of Birth	Gender	Co-Applicant Driver's License 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
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		
<p>* 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.</p>		
ALIMONY, CHILD SUPPORT or SEPARATE MAINTENANCE INCOME is received or paid under the following: <input type="checkbox"/> COURT ORDER <input type="checkbox"/> WRITTEN AGREEMENT <input type="checkbox"/> ORAL UNDERSTANDING		
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 \$
ANY GARNISHMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU HAVE GARNISHMENTS, LIST TYPE AND 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
401 K LOAN DEDUCTIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE LIST BALANCE DATE OPENED AND BALANCE:	\$

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.	
1. _____ I understand that should my loan be approved, prior to closing, CNEDTA will charge a CLOSING FEE from 2-4% of the original approved amount (not to exceed \$60 on employee loans)	
2. _____ 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.	
3. _____ I have never filed for bankruptcy protection. (If you have, please give date and status: _____)	
4. _____ There are no outstanding judgments against me. (If there are, give the amount you could be obligated to pay: _____)	
5. _____ I am not currently a party to a lawsuit. (If you are, please explain: _____)	
6. Ethnicity: Please Choose A or B below:	
<input type="checkbox"/> 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 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."	
<input type="checkbox"/> B. Please CHECK one: <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> NATIVE AMERICAN (TRIBE _____)	
7. _____ 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 _____



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Enhancing and securing the financial well-being of Cherokee people, businesses, and communities.

REQUEST FOR VERIFICATION OF EMPLOYMENT

Please return to sbac@cherokee.org
Cherokee Nation, Small Business Assistance Center
P.O. Box 948
Tahlequah, OK 74465

I have applied for a loan through the Cherokee Nation and have stated on the Loan Application that you are my employer. My signature below authorizes verification and release of information as requested.

APPLICANT INFORMATION

Legal Name: <i>LAST</i> <i>FIRST</i> <i>MIDDLE</i> <i>MAIDEN</i> <i>SUFFIX</i>				
SOCIAL SECURITY NUMBER:		EMPLOYEE NUMBER / ID:		CONTACT TELEPHONE NUMBER:
ADDRESS (street, city, state, zip code)				
SIGNATURE OF APPLICANT: _____ DATE: _____				

BOTTOM SECTION FOR HUMAN RESOURCES USE ONLY

Verification of employment is requested for the above person. Information requested is considered confidential and will be used by this office for loan consideration purposes.

EMPLOYMENT INFORMATION

EMPLOYER:		EMPLOYEE NUMBER:		CONTACT PHONE:	
ADDRESS (street, city, state, zip code)				FAX NUMBER:	
IS APPLICANT CURRENTLY EMPLOYED BY YOU? YES <input type="checkbox"/> NO <input type="checkbox"/>				DATE OF HIRE:	
CURRENT POSITION:			DEPARTMENT:		
JOB CLASSIFICATION: PERMANENT FULL TIME <input type="checkbox"/> PERMANENT PART TIME <input type="checkbox"/> TEMPORARY FULL TIME <input type="checkbox"/> TEMPORARY PART TIME <input type="checkbox"/>					
CURRENT SALARY \$		PER HOUR:		PER WEEK:	
BI-WEEKLY:		NORMAL HOURS WORKED EACH WEEK:		EARNINGS LAST 12 MONTHS: \$	
OVERTIME:					
ANY ADDITIONAL REMARKS:					

AUTHORIZED SIGNATURE: _____ **TITLE:** _____ **DATE:** _____