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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 Name as Printed on Payroll Check for Employee Loans:			
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		





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**Commerce**

## REQUEST FOR VERIFICATION OF EMPLOYMENT

Please return to fax number: 918-458-4295  
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:	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:** \_\_\_\_\_



# Cherokee Nation Commerce Services COVID-19 Impact Form

I, \_\_\_\_\_, certify that I have been impacted by **COVID-19** and I am requesting assistance from **Commerce Services** to respond to this impact:

- Mortgage Assistance Program (MAP)**
- iSave Program (IDA)**
- Small Business Assistance Center (SBAC)**
- Employee Loan Program**
- Commercial Loan Program**
- Consumer Loan Program**
- Cherokee National Holiday**
- Self-Sufficiency Counseling**
- Housing Counseling**
- Cherokee Arts Center or Spider Gallery**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**