



Date Application Received: _____

Membership Emergency Loan Application

Name: _____ T# _____ DOB _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Message # _____ E-Mail _____

THIRD PARTY DOCUMENTATION REQUIRED FOR ALL EMERGENCY LOANS

Natural Disaster _____ Amount \$ _____

1. Official third party documentation _____

Loss of an Immediate Family Member (up to \$1000.00)

(Parent, Sibling, Spouse, Child)

1. Official third party documentation _____

Once per 12-month period

Essential utility shut off **PAYABLE TO:** _____

AMOUNT DUE: _____

1. Disconnection notice must reflect Applicant Name
2. Completed W-9 Form *if not Snohomish PUD or City of Marysville*

Eviction Notice **PAYABLE TO:** _____

AMOUNT DUE: _____

1. Eviction notice
2. Copy of Lease Agreement
3. Completed W-9 Form

REPAYMENT option

\$ _____ Monthly Distribution

\$ _____ Monthly Senior Distribution

\$ _____ Bi-Monthly Elder Support

\$ _____ Bi-Monthly Disability

\$ _____ Bi-Weekly Payroll deduction *Check:* TTT TGO QCV

The Tulalip Membership Loan Policy includes a 6% interest per annum on all loans, the minimum required monthly payment per the policy applies to Emergency Loans. By signing this application I attest the information I have provided is true and agree to the terms of the Membership Loan Policy. I acknowledge this loan will be combined with any current loan and the pre-determined payment schedule for a single loan payment.

Color copy of Tribal ID attached

Signature

Date

POWER OF ATTORNEY WILL NOT BE ACCEPTED

FINANCE ONLY

ELIGIBILITY REVIEW

Monthly Distribution available amount

\$ _____

Loan Balance \$ _____

Last Emergency Loan:

Utility ____/____/____

Eviction ____/____/____

Approved Disapproved

Issued within two business days

Emergency Loan amount \$ _____

Notes: _____

Vendor ID: _____ New

Reviewed by: _____

2nd Review by: _____

Entered by: _____