



MEMBERSHIP DISTRIBUTION TRIBAL LOAN APPLICATION

THERE IS A **6% INTEREST RATE** ON TRIBAL LOANS

MUST ATTACH COPY OF TRIBAL ID

NAME: _____ TRIBAL ID: _____ DOB: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE #: _____ EMAIL ADDRESS: _____
AMOUNT REQUESTING: _____ (UP TO \$6,000)

PAYMENT OPTIONS

MONTHLY DISTRIBUTIONS:

MONTHLY DISTRIBUTION DEDUCTION
TOTAL MONTHLY DEDUCTION REQUESTED \$ _____

BI-MONTHLY DISTRIBUTION:

ELDER SUPPORT
 DISABILITY SUPPORT

BI-MONTHLY DEDUCTION REQUESTED \$ _____
TOTAL MONTHLY DEDUCTION OF \$ _____

PAYROLL DEDUCTION FROM TULALIP ENTITIES:

TTT TGO QCV
MEMBER MUST COMPLETE MEMBER PAYROLL DEDUCTION FORM FOR EACH LOAN REQUEST
BI-WEEKLY DEDUCTION REQUESTED \$ _____
TOTAL MONTHLY DEDUCTION REQUESTED \$ _____

FINANCE ONLY ELIGIBILITY REVIEW
DISTRIBUTION AMOUNT AVAILABLE \$ _____
LOAN BALANCE \$ _____
AVAILABLE TO BORROW \$ _____
<input type="radio"/> APPROVED
<input type="radio"/> DISAPPROVED
LOAN AMOUNT \$ _____
NEW BALANCE \$ _____
DISAPPROVAL REASON: _____
REVIEWED BY: _____
2ND REVIEW BY: _____
ENTERED BY: _____

*By signing this application I agree that all information provided is true and correct. I certify that the loan is being taken for a general welfare purpose and deduction of monthly distribution is allowable. I also acknowledge that I will complete the promissory note and waiver form when applicable. *****NO ELECTRONIC SIGNATURES ACCEPTED***

DATE _____ SIGNATURE _____

POWER OF ATTORNEY WILL NOT BE ACCEPTED

This loan application is applicable to loans granted to qualifying tribal member(s) pursuant to the Tribal Membership Loan Policy approved by Board Resolution #2021-081 on March 5, 2021. The loan program is subject to available hard dollar funding at any given time. Loans under this program will bear an interest rate of 6% and will be paid in full over 22 monthly payments. Loans will be processed based on a first come, first serve basis determined by either the time stamp issued by the Cashier Window or email time/ date stamp of submission of a completed application.

Deliver to: Membership Distribution 6406 Marine Drive, Tulalip, WA 98271	OR	Fax to: 360-716-0304	OR	Email a scanned signed copy to: membershipdistribution @tulaliptribes-nsn.gov
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