



# 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.

<b>Deliver to:</b> Membership Distribution 6406 Marine Drive, Tulalip, WA 98271	<b>OR</b>	<b>Fax to:</b> 360-716-0304	<b>OR</b>	<b>Email a scanned signed copy to:</b> membershipdistribution @tulaliptribes-nsn.gov
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Finance Department  
ATT: MEMBERSHIP DISTRIBUTION  
6406 Marine Drive  
Tulalip, WA 98271

## MEMBERSHIP LOAN DEDUCTION REQUEST

NAME: \_\_\_\_\_ TRIBAL ID# \_\_\_\_\_

This form is submitted voluntarily to request my loan payments be withheld from my monthly membership distribution. This form should be filled out in full to ensure timely processing.

### **DEDUCTIONS:**

Monthly Payment amount \$

Choose one:

**Monthly Membership Distribution (One deduction)**

**Bi-monthly Elder Support Distribution (Two deductions)**

**Bi-monthly Disability Support Distribution (Two deductions)**

Please return directly to Finance Department, CSR station #2  
You may EMAIL [membershipdistribution@tulaliptribes-nsn.gov](mailto:membershipdistribution@tulaliptribes-nsn.gov) or FAX 360-716-0304.

Please check both boxes below and sign and date this form. These boxes must be checked or it will delay the processing of payment set up.

- I certify that the original tribal loan I received, which I am currently making payments, was used to pay housing/mortgage, utilities, child care or other general welfare living expense. Therefore, I am requesting that my loan payments be deducted from my monthly general welfare payment
- I understand and agree that the IRS has the ability to determine these payments are not in fact General Welfare Qualifying and may require the signatory to pay taxes on these loans and/or payments at some time in the future

Signature \*\*\* NO ELECTRONIC SIGNATURES WILL BE ACCEPTED\*\*\*

\_\_\_\_\_ Date

**FORM MUST BE RECEIVED:**

**BY 5<sup>TH</sup> of the MONTH TO BE EFFECTIVE FOR THE 15TH CHECK DISTRIBUTION OR  
BY 18<sup>TH</sup> of the MONTH TO BE EFFECTIVE FOR THE CHECK DISTRIBUTION ON THE 1<sup>ST</sup>.**

TULALIP TRIBAL MEMBERSHIP LOAN PROGRAM

**DISTRIBUTION DEDUCTION POLICY/LIMIT WAIVER**

*POLICY REFERENCE: RESOLUTION 2018-274*



*COMPLETE FORM AND TURN IN WITH YOUR LOAN APPLICATION.  
RETAIN A COPY FOR YOUR RECORDS*

**TRIBAL MEMBER NAME:** \_\_\_\_\_

**TRIBAL ENROLLMENT NUMBER: T-** \_\_\_\_\_

**TRIBAL MEMBER POLICY WAIVER:** I request that the Tulalip Tribes Finance Department waive my rights to that portion of the Tribal Member Distribution Deductions Policy that limits the amount of my available Tribal Member Distribution that I can pledge to qualify and repay Tribal Membership Loans (“50% Rule”). **I understand that this a voluntary waiver of Tribal Member Distribution Deductions limits provided to me by the above referenced policy and that this waiver applies to all membership and HERAP loans that I have with the Tribes.**

I acknowledge I am the person authorized to sign this form and that I authorize the waiver of the “50% Rule” identified in the above referenced policy.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TRIBAL MEMBER SIGNATURE **\*\*\*NO ELECTRONIC SIGNATURES WILL BE ACCEPTED\*\*\***

**POWER OF ATTORNEY USE IS NOT AUTHORIZED AND WILL NOT BE ACCEPTED TO SECURE MEMBERSHIP LOANS OR AUTHORIZE POLICY WAIVERS.**