



# BLACKFEET TRIBAL CREDIT LOAN APPLICATION

PO BOX 3070 BROWNING, MT 59417

(406) 338-7523

CHECK ONE:     \_\_\_ PAYROLL LOAN                             \_\_\_ CF LOAN

NAME OF APPLICANT                             ENROLLMENT#                             SOCIAL SECURITY#     DATE OF BIRTH

NAME OF CO-APPLICANT                             ENROLLMENT#                             SOCIAL SECURITY#     DATE OF BIRTH

ADDRESS                             CITY                             STATE                             ZIP CODE

HOME PHONE NUMBER                             CELL PHONE NUMBER                             EMAIL ADDRESS

***THE APPLICANT APPLIES TO THE LENDER FOR A LOAN FOR THE PURPOSE AND AMOUNT SHOWN BELOW:***

|                  |  |
|------------------|--|
| REASON FOR LOAN: | AMOUNT REQUESTING: _____                             |
|                  | FILLING FEE                             : _____      |
|                  | TOTAL REQUESTING                             : _____ |

SIGNATURE OF APPLICANT     DATE                             SIGNATURE OF CO APPLICANT     DATE

***(FOR OFFICE USE ONLY)***

|                                |  |
|--------------------------------|--|
| AMOUNT(S) OWED: _____<br>_____ | NOTE: (REASON FOR REJECT OR OTHER)<br>_____<br>_____ |
| RESEARCHED BY: _____           |  |
| APPROVED: _____ DATE _____     | AMOUNT _____ LOAN NUMBER _____                       |
| REJECTED: _____ DATE _____     |  |

\_\_\_\_\_  
NAME OF APPLICANT

\_\_\_\_\_  
ENROLLMENT#

\_\_\_\_\_  
SOCIAL SECURITY#

**EMPLOYMENT INFORMATION**

\_\_\_\_\_  
NAME OF EMPLOYER

\_\_\_\_\_  
JOB TITLE

\_\_\_\_\_  
HOURLY RATE

\_\_\_\_\_  
YEARS & MONTH  
EMPLOYED

\_\_\_\_\_  
EMPLOYERS ADDRESS

\_\_\_\_\_  
EMPLOYERS PHONE NUMBER

OFFICE USE ONLY: VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER INCOME: \_\_\_\_\_ SOURCE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

RECEIVED: \_\_\_ DAILY

\_\_\_ WEEKLY

\_\_\_ BI-WEEKLY

\_\_\_ SEMI MONTHLY

\_\_\_ MONTHLY

\_\_\_ YEARLY

**\*\*\*MUST ATTACH PROOF OF OTHER INCOME**

**BANK INFORMATION**

NAME OF BANK: \_\_\_\_\_ BANK ADDRESS: \_\_\_\_\_ BANK PHONE # \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_ CHECKING ACCOUNT \_\_\_ SAVINGS ACCOUNT

**\*\*\* FOR PAYROLL DEDUCTION LOANS, PLEASE HAVE ATTACHED VOLUNTARY PAYROLL DEDUCTION FORM FILLED OUT WITH APPROPRIATE SIGNATURES.**