

LOAN APPLICATION

GENERAL INFORMATION			
Name:	Maiden Name:	Soc. Sec:	
Address:			
Enrollment #:	Daytime Phone #:	Cell Phone #:	
TYPE AND AMOUNT OF LOAN REQUEST (Check One)		VERIFICATION CHECKLIST (Check one and attach requested documents)	
	Salary	Amount:	Recent pay slip/obligated salary deduction
	Bills		Verification on Bill(s)
	Medical		Verification on Medical Referral/Appt. Slip
	Funeral		Obituary
	Emergency		Verification on Nature of Emergency
REASON:			
Employer:		Title:	
Phone #:		Salary:	

CO-SIGNER INFORMATION			
Name:			
Address:			
Soc.Sec.:			
Relationship to Applicant:			
Employee:	Title:	Phone #:	
Has Co-signer ever obtained a loan from CRST Loan Office? YES OR NO IF YES, WHEN?			
CERTIFICATION			

FOR APPLICANT

I certify that everything I have stated in this application is correct and that all attachments are valid and may be relied upon by the Cheyenne River Sioux Tribe. By signing below, I authorize CRST Loan Office to verify all statements made on this application. I understand that I must notify CRST Loan Office if my employment or credit situation changes. By signing below, I further agree to any statute of limitation that may otherwise be imposed upon the collection of this debt and agree to be bound by CRST Laws and Tribe Court Jurisdiction.

X _____
 Applicant Signature _____
Date

FOR CO-SIGNER

I certify that everything I have stated in this application is correct and may be relied upon by the Cheyenne River Sioux Tribe. By signing below, I authorize CRST Loan Office to verify all statements made in this application. I agree to pay this debt if the applicant cannot or does not repay. I further agree to waive any statute of limitations that may otherwise be imposed upon the collection of this debt and agree to be bound by CRST Laws and Tribe Court Jurisdiction.

X _____
 Co-Signer Signature _____
Date

LOAN APPLICATION

Loan #: _____

CRST LOAN RESOLUTIONS

I have read and fully understand the Large Loan and Small Loan Resolutions provided to me at the time I applied for this loan. I agree to abide by the resolutions presented to me in order to receive a CRST Tribal Loan through the CRST Loan Office. If I do not abide by the resolution, I understand that my application or any application in the future will not be submitted to the CRST Loan Committee.

X _____
 Applicant Signature Date

Office Use Only

PAYROLL LOANS

Payroll Director's Recommendation:

I certify that the Applicant is eligible and is not over the 50% requirement.

X _____
 Payroll Director Signature Date

50% Amount: _____ Check Amt: _____

ALL LOANS

Loan Department

A current statement of Account Ledger for Applicant and (if included) Co-Signer is attached to this Application.

X _____
 CRST Loan Office Signature Date

CRST Loan Committee or Executive Committee Action

LOAN COMMITTEE REVIEW & ACTION		EXECUTIVE COMMITTEE REVIEW & ACTION (for medical and funeral loans ONLY)	
Date: _____	Amt: \$ _____	Date: _____	
Approved Minus Loan(s)	Disapproved Amt \$	Approve	Disapproved
_____	_____	Amt:\$ _____	
Thad Rose - Chairman	Kelsie Haskell - Chairwoman	_____	
Bob Walters - Member	Joseph Brings Plenty Sr. - Member	Ryman LeBeau - Tribal Chairman	
Kenric Dupris - Member	Tuffy Thompson - Member	_____	
Steve Moran - Member		Kevin Keckler - Tribal Treasurer	

		EvAnn White Feather - Tribal Secretary	