



# SOBOBA TRIBAL CREDIT, INC.

## LOAN APPLICATION

REFINANCE  2<sup>nd</sup> LOAN

AMOUNT REQUESTED		LOAN PURPOSE	
APPLICANT'S NAME (First, Middle Initial, Last)		TRIBAL ID#	DATE OF BIRTH ____/____/____
HOME PHONE (____) _____ - _____		CELL PHONE (____) _____ - _____	SOCIAL SECURITY NO. ____ - ____ - ____
PRESENT ADDRESS (Street, City, State, Zip Code)		HOW LONG?	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
MAILING ADDRESS (If Different than above address)		MONTHLY PAYMENT	
PRESENT EMPLOYER (Excluding Soboba)	EMPLOYER'S ADDRESS (City, State, Zip Code)	HOW LONG?	MONTHLY INCOME
DEBT PROTECTION OPTIONS		LIABILITES	MONTHLY PAYMENT
<b>1. TRIBAL LIFE INSURANCE</b> * Borrowers can use their Tribal Life Insurance to protect their debt in the event of their death. There is no charge with this option. IF CHOOSING THIS OPTION, <b>SKIP QUESTIONS 2-4.</b>		AUTO (1)	
<b>2. SECURIAN DEBT PROTECTION</b> * Borrowers can pay for additional protection. The fee depends on the amount of the loan. Not to exceed \$75. IF CHOOSING THIS OPTION, <b>PLEASE COMPLETE QUESTIONS 3-4.</b>		AUTO (2)	
<b>3. During the past two years, have you been advised of or treated for cancer, heart attack, coronary artery disease, stroke, or cirrhosis?</b>		CHILD SUPPORT	
<b>4. Have you ever been diagnosed as having or been treated for AIDS or any disorder of your immune system? Or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test)?</b>		OTHER MONTHLY EXPENSES	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>EMAIL NOTICE:</b> If approved for a Personal Loan from Soboba Tribal Credit, Inc., Quarterly Loan Statements will be sent to the email listed above. (____) <b>INITIAL HERE</b> <ul style="list-style-type: none"> <li>If you would like to receive your Quarterly Loan Statements via mail, Check the Box <input type="checkbox"/></li> </ul>			
<b>NON-REFUNDABLE APPLICATION FEE:</b> All applications are subject to a non-refundable application fee of \$100. Application must be submitted with money order or cash payment of \$100. (____) <b>INITIAL HERE</b>			
<b>PLEASE READ BEFORE SIGNING:</b> By signing below, I am consenting to Soboba Tribal Credit, Inc. to obtain any reports containing credit and/or personal information that is/are required in obtaining credit from Soboba Tribal Credit, Inc. I declare that the information given on this application is true and accurate in every aspect. This declaration is made for the purpose of obtaining credit from Soboba Tribal Credit, Inc. and will remain confidential.			
SIGNATURE OF APPLICANT		DATE	
X			

FOR SOBOBA TRIBAL CREDIT, INC. USE ONLY			
LOAN MANAGER	CREDIT COMMITTEE	DENIED	APPROVED
Carol Orozco	Steven Estrada		
	Dione Kitchen		
	Lenell Carter		

Date:  
 AMOUNT  
 APPROVED:  
 Notes: