



Prairie Band Potawatomi Nation
 Per Capita Office - Loans
 16281 Q Road, Mayetta, KS 66509
 Phone (785) 966-3993 • Fax (785) 966-3917

Per Capita Advance Application Form

Tribal Member Name: _____ Date: _____

Enrollment #: 2862U__ __ __ __ __ SSN: XXX-XX-__ __ __ __ __ DOB: ____ / ____ / ____

Direct Phone #: _____ Email: _____

Loan Amount Requested: _____ (Not to Exceed \$1,000) *\$25 Fee will be added, see policy for details*

Repayment Schedule (Select One): 1 Payment 2 Payments 3 Payments

Certification: I hereby acknowledge receipt of the Per Capita Advance Policy and agree to its terms. I understand that the Per Capita Advance will be paid to me in the same manner that the quarterly Per Capita Distributions are.

I give permission to the Finance Department to verify the information on this application and understand that any false information or dishonesty in the making of this application may result in ineligibility to receive a Per Capita Advance from this application or future applications.

In consideration of a Per Capita Advance to me by the Nation, I hereby irrevocable pledge and assign that portion of my Per Capita necessary to satisfy any outstanding balance of the Advance in the amounts of the scheduled repayments and that such irrevocable assignment shall not constitute a claim on the Per Capita but is a Voluntary Pledge and Assignment. I understand that I cannot revoke this pledge and assignment and that the Per Capita Advance repayment will be garnished from my Per Capita according to schedule or as otherwise agreed until the Advance is paid in full. Once the Per Capita Advance is paid in full, this assignment and pledge shall become permanently null and void.

 Tribal Member Signature Date

****Application Must Be Notarized and Submitted with Photo ID to the Per Capita Office for Processing****

Notary Acknowledgment

In the State of _____, in the County of _____
 on this _____ (Date), the above person personally
 appeared and signed the foregoing instrument before me.

 Notary Public Printed Name:

 Notary Public Signature:

Notary Public Stamp My Commission Expires: _____