



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: \$1,000.00 (no exceptions) \*\$25 Fee will be added, see policy for details\*

Repayment Schedule: 3 sequential quarterly payments withheld from Per Capita:

- 1<sup>st</sup> sequential quarterly payment: \$342;
- 2<sup>nd</sup> sequential quarterly payment: \$342; and
- 3<sup>rd</sup> sequential quarterly payment: \$341.

**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: