



EASTERN BAND OF CHEROKEE INDIANS

Tribal Member Assistance Loan Program

October 2017 - March 2018 Cycle (applicant must attach a copy of your enrollment card)

Applicant Information:

First Name	Middle Initial	Last Name	
Social Security Number	Enrollment Number	Mailing Address	Apt. No.
City	State	ZIP Code	Telephone

Amount & Frequency:

Starting month _____ through March 2018.

Amount of Assistance requested per month: \$.00 x Month(s) = \$.00

May Not Exceed \$500.00

+ 35 .00 FEE

\$.00 Total Request

I understand and agree that I may not receive more than \$500.00 per month in accordance with the established policies of this program. I understand and agree that amounts of garnishments and voluntary assignments of per capita will be monitored on an ongoing basis, and should my circumstances change the amount of loan assistance afforded to me can and will be adjusted accordingly. I understand and agree that I may make only one application for loan assistance per cycle and upon acceptance of my application my assistance will be recurring for the remainder of the cycle. I understand and agree that I may stop recurring loan assistance at any time during the cycle, but once I have stopped the loan assistance I will not be eligible to reapply for assistance within the same cycle.

I understand and agree that I am making a voluntary assignment of per capita through my application for assistance. I understand that the total amount I receive in assistance will be withheld from my biannual per capita distribution, and that assistance received during the October-March cycle will be withheld from my June distribution and assistance received during the April-September cycle will be withheld from my December distribution.

I hereby pledge my portion of the net distributable per capita allocation (per capita) for the next applicable cycle as collateral for this loan assistance. I further assign to the Eastern Band of Cherokee Indians (the Tribe) the right to apply the payments of this loan assistance to my per capita distributions of net gaming revenues. I make this Voluntary Assignment knowingly and voluntarily as repayment of a debt. This form shall act as both application and Security Agreement I have entered with the Tribe.

I cannot revoke, breach or interfere with this Voluntary Assignment, it will remain in effect until my debt is paid in full. I understand that if I breach the terms of this Voluntary Assignment or the terms of a Note and/or Security Agreement to which it applies or refers, this assignment shall constitute my irrevocable consent and authorization to the Tribe to involuntary garnishment of my per capita to collect the debt expressed herein.

I understand and agree that by making this Voluntary Assignment I am giving the Tribe all of my present and future right, title and interest in my present and future per capita distributions, in the amount expressed herein and, if applicable, the accompanying Note and/or Security Agreement. By signing this Voluntary Assignment I am also granting permission to the Tribe to execute and file any documents necessary or helpful to the Tribe to perfect a security interest in my per capita and/or collection therefrom. I agree to cooperate with the Tribe in the execution of the documents and to execute the documents.

I understand and agree that upon payment of my debt in full, my per capita distributions will be distributed to me without further deduction for the debt expressed herein.

On behalf of myself, my heirs and assigns, I release and forever discharge the Eastern Band of Cherokee Indians and/or Entity named below, their successors, assigns, affiliates, agents, employment and legal representatives, from any an all claims and demands, whether known or unknown, which may arise out of this Voluntary Assignment. This Voluntary Assignment is governed by the laws of the Eastern Band of Cherokee Indians. By executing this Voluntary Assignment I consent to the exclusive jurisdiction of the Cherokee Tribal Court and to venue in that Court.

Signature of Enrolled Member

Date

All applications must be notarized, this section to be completed by notary only:

State of: _____ County of: _____

On this _____ day of _____, 20____, before me, _____, the undersigned Notary Public for _____ County, personally appeared:

Name of Signer Personally known to me, or Proved to me on the basis of satisfactory evidence

Signature of Notary Public

Printed Name

Place Notary Seal or Stamp Above

To be completed by the Office of Budget & Finance Only	
Previous Garnishment Amount: \$ _____	Approved Loan Amount: \$ _____