



# Co-Signer Personal Loan Application

## Credit Services Department



Amount Required \$ _____	CO-SIGNING FOR (NAME OF APPLICANT(S)): _____	<b>(For Office Use Only)</b> BPA CLEARANCE: YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>SECTION A – APPLICANT(S) INFORMATION</b>			
Married <input type="checkbox"/> Common Law <input type="checkbox"/> Single <input type="checkbox"/>		No. of Dependents _____	
Name (Last, First, Middle) _____	Census No. _____	Social Security No. _____	
Current Mailing Address (City, State, Zip Code) _____	How long at address? _____	Home Phone No. _____	
Explain directions to your home (Street, Apt. #, mile post #, etc.) _____		EMAIL: _____	
Chapter Affiliation (Applicant) _____	Agency _____	Elected/Appointed Official? Yes / No _____	
If Yes, Position: _____ <i>(Need Ethical Certification Form filled out and notarized. Form will be furnished by Cr. Services)</i>			
<b>SECTION B – PRESENT EMPLOYMENT INFORMATION</b>			
Applicant's Employer & Address _____ _____	Date of Employment _____	Position or Title _____	
		Work Phone No. _____ (Direct Extension) _____	
Spouse's Employer & Address _____ _____	Date of Employment _____	Position or Title _____	
		Work Phone No. _____ (Direct Extension) _____	
<b>SECTION C – MONTHLY INCOME INFORMATION</b>			
	Wages (Net)	Other	
Applicant's Monthly Income (Net)	\$ _____	\$ _____	
Spouse's Monthly Income (Net)	\$ _____	\$ _____	
		Total Monthly Income \$ _____	
<b>SECTION D – REFERENCES</b>			
<b>Name and Addresses</b>	<b>Relationship</b>	<b>Telephone Numbers</b>	
1. _____	Immediate Relative	Home Phone No. _____	Work Phone No. _____
2. _____	Immediate Relative	Home Phone No. _____	Work Phone No. _____
3. _____	Immediate Relative	Home Phone No. _____	Work Phone No. _____

**SECTION E – LIST ALL DEBTS OUTSTANDING (Do Not List Living Expenses)**

	Name of Creditor(s)	Original Amount	Present Balance	Monthly Payments	For Office Use Only
1. <input type="checkbox"/> Rent <input type="checkbox"/> Own Home <input type="checkbox"/> Mortgage		\$	\$	\$	\$
2. Vehicle Payments		\$	\$	\$	\$
3. Installments		\$	\$	\$	\$
4. Credit Cards		\$	\$	\$	\$
5 Other(s)		\$	\$	\$	\$
6. Other(s)		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
(If More, List on Separate Sheet)				<b>TOTAL:</b>	\$

**SECTION F– LIST ALL MONTHLY LIVING EXPENSES**

	Amount
1. Food	\$
2. Utilities (electricity, water, propane, etc.)	\$
3. Telephone (cell, cable, satellite, etc.)	\$
4. Vehicle Expense (transportation, repairs, etc.)	\$
5. Insurance (vehicle, house, life, medical, etc.)	\$
6. Childcare or babysitting expense	\$
7. Other(s)	\$
	<b>Total (1-thru 7)</b>
	\$

**SIGNATURES**

By my (our) signature(s), I (we) certify that all information contained herein is accurate, true, complete and furnished for the purpose of obtaining a loan from the Navajo Nation. I (we) understand that any information contained herein including employment and personal references in connection with this application will be verified. I (We) hereby authorize the Navajo Nation to check my (our) credit profile with a Credit Reporting Agency. My (our) loan will be subject to the compliance of the Navajo Nation Business Procurement Act. If I (We) should fail to conform to the terms of my (our) loan agreement, the lender may, with or without recourse to legal proceedings, take any or all of the following action: (a) declare the entire loan amount immediately due and payable; and (b) pursue legal action against me (us).

I (We) understand and I (we) agree to assume all financial and legal obligations arising from the granting of any credit made under the Program. If applicable, I (We) understand that if I (we) am (are) a Navajo Nation elected official or political appointee, a notarized Ethical Certification shall supplement the Application attesting that I (we) will refrain from requesting any special consideration from any personnel/program of the Navajo Nation government and will abide by the Navajo Ethics in Government Law. Any misstatement of fact(s) or misrepresentation of information may be grounds for ineligibility of this application. I (We) understand that this application and all its contents becomes the property of the Navajo Nation Credit Services Department and will not be returned.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



# EMPLOYMENT VERIFICATION FORM

Credit Services Department • PO BOX 2405 • Window Rock, AZ 86515 • 928-871-6749

To Authorize Human Resources Representative:

The Navajo Nation Credit Services Department is requesting verification of employment for the individual who has authorized by their signature below to furnish the information.

Department Name & Address

Applicant's Name (Please Print)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's Signature

Date

## (FOR OFFICIAL USE ONLY)

**(TO BE FILLED OUT BY THE EMPLOYER'S HUMAN RESOURCES DEPARTMENT)**

Name of Employer:					
Department:				Dept. No.:	
Date of Employment:		Position Title:			
Annual Salary:	\$	Pay Status:			
<b>Employment Status</b>					
Regular Full Time	Regular Part Time	Temporary	Seasonal	Other	<i>If Other, specify</i>

Remarks (optional):

\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature)

Authorized Human Resources Representative

## MAP TO RESIDENCE & PLACE OF EMPLOYMENT

*(Be specific and descriptive)*

APPLICANT'S NAME: \_\_\_\_\_

Draw a detailed map (including rural address number, color of house, mile post number, etc.)

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Draw a detailed map to your place of employment.