



Holiday Loan Application

Credit Services Department



Amount Requested \$ _____	Purpose of Loan _____	(For Office Use Only) BPA No: _____ Date : _____
------------------------------	--------------------------	---

SECTION A – MARITAL STATUS

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.	Date of Birth
Current Mailing Address (City, State, Zip Code)	How long at address?	Home Phone No.	Cell 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>
---------------------------------	--------	---	--

SECTION B – SPOUSE'S INFORMATION

Name (Last, First, Middle)	Census No.	Social Security No.	Date of Birth
Current Mailing Address (City, State, Zip Code)	How long at address?	Home Phone No.	Cell Phone No.

Explain directions to your home (Street, Apt. #, mile post #, etc.)	
---	--

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>
---------------------------------	--------	---	--

SECTION C – PRESENT EMPLOYMENT INFORMATION

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)
-----------------------------	--------------------	-------------------	--

SECTION D – MONTHLY INCOME INFORMATION

	Wages (Net)	Other	Total Monthly Income
Applicant's Monthly Income (Net)	\$ _____	\$ _____	\$ _____
Spouse's Monthly Income (Net)	\$ _____	\$ _____	\$ _____

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)				TOTAL:	\$

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)	\$
	Total (1-thru 7) \$

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_____
Spouse's Signature_____
Date

PERSONAL REFERENCE SHEET

LIST PERSONAL REFERENCES WITH VALID ADDRESSES AND TELEPHONE NUMBERS TO IMMEDIATE RELATIVES. BE INFORMED THAT CREDIT SERVICES DEPARTMENT WILL VERIFY THE LISTED REFERENCES.

NO CO-WORKERS OR FRIENDS SHALL BE LISTED AS RELATIVES.

APPLICANT:

Name and Addresses	Relationship	Telephone Numbers	
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. _____
4. _____ _____	Immediate Relative _____	Home Phone No. _____	Work Phone No. _____

Office Use Only

VERIFIED BY: _____

Date _____



EMPLOYMENT VERIFICATION FORM

Credit Services Department • PO Box 2405 • Window Rock, Az 86515 • 928-871-6749

To Human Resources Authorized 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:			
Employment Status					
Regular Full Time	Regular Part Time	Temporary	Seasonal	Other	<i>If Other, specify</i>

Remarks (optional):

 Date

 Print Name

(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.)

Draw a detailed map to your place of employment.