



# HOME LOAN APPLICATION

## Credit Services Department



<b>Amount Requested</b> \$ _____	<b>Purpose of Loan (check one)</b> <input type="checkbox"/> New Home Construction <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Home Improvement <input type="checkbox"/> Refinancing Existing Home/Mortgage <input type="checkbox"/> Purchase of Existing Home	<b>(For Office Use Only)</b> BPA No: _____ Date : _____
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COMMUNITY PROPERTY DEBT "The Application is Considered As An Application For Credit Extended As A Debt Of The Marital Community."

### SECTION A – MARITAL STATUS

Married <input type="checkbox"/>	Common Law <input type="checkbox"/>	Unmarried <input type="checkbox"/>	No. of Dependents
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### SECTION B – APPLICANT'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 – 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 D – 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 E – MONTHLY INCOME INFORMATION

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

Have you ever filed Bankruptcy?	Yes / No	If so, When?
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**SECTION F – 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. Vehicle Payments		\$	\$	\$	\$
4. Installments		\$	\$	\$	\$
5. Installments		\$	\$	\$	\$
6. Installments		\$	\$	\$	\$
7. Credit Cards		\$	\$	\$	\$
8. Credit Cards		\$	\$	\$	\$
9. Revolving Accounts		\$	\$	\$	\$
10 Other(s)		\$	\$	\$	\$
11. Other(s)		\$	\$	\$	\$

(If More, List on Separate Sheet) TOTAL: \$

**SECTION G – LIST ALL ASSETS OWNED AND MONTHLY LIVING EXPENSES**

Assets	Cash or Value Amount	Estimated Yearly Living Expense	Amount
1. Checking, Savings Accounts, Cash on Hand	\$	1. Food	\$
2. Life Insurance (face amount)	\$	2. Clothing	\$
3. Net Worth of Business Owned (if self-employed)	\$	3. Utilities (electricity, water, propane, etc.)	\$
4. Automobile(s): (year, make, model)	\$	4. Telephone (cell, cable, satellite, etc.)	\$
5. Automobile(s): (year, make, model)	\$	5. Vehicle Expense (transportation, repairs, etc.)	\$
6. Personal Property	\$	6. Insurance (vehicle, house, life, medical, etc.)	\$
7. Machinery / Tools	\$	7. Medical Expense	\$
8. Furniture	\$	8. Educational Expense	\$
9. Others	\$	9. Childcare Expense or Babysitting Expense	\$
10. Others	\$	10. Others	\$
<b>Total (1-thru 10)</b>		<b>Total (1-thru 10)</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 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 (BPA). 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; (b) take possession of and sell any or all collateral given as security; and (c) pursue legal action against me (us). Should the net proceeds from sale of property not satisfying the balance outstanding, I (we) will remain liable for the balance due.

I (We) acknowledge that any loan agreement resulting from this application shall not be assigned to a third party without the consent of the Navajo Nation Credit Services. Representatives of Navajo Nation Credit Services may enter my premises to make inspections of the home purchased or given as security for the loan.

I (We) understand that 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. _____-_____-_____ Cell Phone No. _____-_____-_____	Work Phone No. _____-_____-_____ (Direct No.) _____-_____-_____
2. _____ _____	Immediate Relative _____	Home Phone No. _____-_____-_____ Cell Phone No. _____-_____-_____	Work Phone No. _____-_____-_____ (Direct No.) _____-_____-_____
3. _____ _____	Immediate Relative _____	Home Phone No. _____-_____-_____ Cell Phone No. _____-_____-_____	Work Phone No. _____-_____-_____ (Direct No.) _____-_____-_____

**SPOUSE:**

Name and Addresses	Relationship	Telephone Numbers	
1. _____ _____	Immediate Relative _____	Home Phone No. _____-_____-_____ Cell Phone No. _____-_____-_____	Work Phone No. _____-_____-_____ (Direct No.) _____-_____-_____
2. _____ _____	Immediate Relative _____	Home Phone No. _____-_____-_____ Cell Phone No. _____-_____-_____	Work Phone No. _____-_____-_____ (Direct No.) _____-_____-_____
3. _____ _____	Immediate Relative _____	Home Phone No. _____-_____-_____ Cell Phone No. _____-_____-_____	Work Phone No. _____-_____-_____ (Direct 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

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To Authorized 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.

Employer's Name & Address

Applicant's Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Applicant's SignatureDate

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

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

Remarks (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

