Co-Signer Personal Loan Application Credit Services Department									
Amount Requested \$	CO-SIGNING	CO-SIGNING FOR (NAME OF APPLICANT(S):					For Office Use BPA No: Date: Tracking:		
SECTION A – APPLICANT(S) INFORMATION									
Married	Common Law			Single				No. of D	ependents
Name (Last, First, Middle)			Census No.			So	cial Security No.	Date	of Birth /
Current Mailing Address (City, State, Zip Code)			Howl	low long at address? Home Phone No.		ome Phone No. -	Cell Phone No.		
Explain directions to your h	, etc.)					EMAIL:			
Chapter Affiliation (Applicant) Agency			Elected/Appointed Official?		d	If Yes, Position:			
			Yes / No ENT EMPLOYMENT INFOR			OP	(Need Ethical Certification Form filled out and notarized. Form will be furnished by Cr. Services)		
Applicant's Employer & Add						on or Title	Work Ph	ione No.	
							 (Direct E		
Spouse's Employer & Address			Date of Employment			Position or Title		Work Phone No. 	
	SECTION (C – MON	THLY		INFO	RMA	TION		
			Wages (Net)		(Other	Total Mont	hly Income	
Applicant's Monthly Income (Net)			\$\$\$		\$			\$	
Spouse's Monthly Income (Net)				\$			\$		
SECTION D- REFERENCES									
Name and Addresses			Relationship Immediate Relative			Teleph Home Phone No.	None Numbers	rk Phone No.	
1					<u>-</u>	-	_		
2			Immediate Relative		tive	Home Phone No.			rk Phone No.
3			Immediate Relative			Home Phone No. 		rk Phone No. 	

SECT	TION E - LIST ALL DEBTS O	UTSTANDING	(Do Not List Li	iving Expense	es)
	Name of Creditor(s)	Original Amount	Present Balance	Monthly Payments	For Office Use Only
1. 🗆 Rent					
Own Home					
Mortgage		\$	\$	\$	\$
2. Vehicle Payments		\$	\$	\$	\$
3. Installments		\$	\$	\$	\$
4. Credit Cards		\$	\$	\$	\$
5 Other(s)		\$	\$	\$	\$
6. Other(s)		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
(If More, List on Separate Sheet)				TOTAL:	\$
SE	CTION F - LIST ALL MONTH	HLY LIVING EX	PENSES		Amount
1. Food					\$
2. Utilities (electricity, water, p	\$				
3. Telephone (cell, cable, satelli	\$				
4. Other(s)	\$				
	\$				
	\$				
	\$				
				Total (1-thru 4)	\$

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

🖉 Co-Borrower 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

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

Name of Emplo	yer:							
Department:						Dept. No.:		
Date of Employment:				Position Title:				
Annual Salary:		\$						
Employment Status								
Regular Full Time			Temporary	Seasonal	Other	lf Other, specify		

Remarks (optional):

Print Name

Date

(Signature) Authorized Human Resources Representative

MAP TO RESIDENCE & PLACE OF EMPLOYMENT

PO Box 2405 · Window Rock, AZ 86515

(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.