



# Co-Signer Personal Loan Application Credit Services Department

Amount Requested \$ _____	CO-SIGNING FOR (NAME OF APPLICANT(S): _____
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**For Office Use**  
**BPA No:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Tracking:** \_\_\_\_\_

## SECTION A – APPLICANT(S) INFORMATION

Married       Common Law       Single       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 – 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 C – MONTHLY INCOME INFORMATION

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

## SECTION D – REFERENCES

Name and Addresses	Relationship	Telephone Numbers	
		Home Phone No.	Work Phone No.
1. _____	Immediate Relative	_____	_____
2. _____	Immediate Relative	_____	_____
3. _____	Immediate Relative	_____	_____





# 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 Employer:					
Department:				Dept. No.:	
Date of Employment:		Position Title:			
Annual Salary:	\$				
Employment Status					
Regular Full Time	Regular Part Time	Temporary	Seasonal	Other	If Other, specify

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

\_\_\_\_\_

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

\_\_\_\_\_  
Date

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

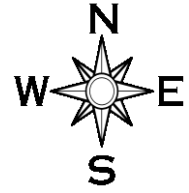
Authorized Human Resources Representative

## 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.**