

Holiday Loan Application Credit Services Department

Amount Requested	Pur	pose of Loan	BPA No			
					Date:	
\$					Tracking:	
	SECT	ION A – N	MARITAL S	TATUS		
Married \square	Common Law		Single			No. of Dependents
Name (Last, First, Middle)			Census No.	9	Social Security No.	Date of Birth
Current Mailing Address (City. State. Zip Code)	How	long at address	;?	Home Phone No.	/ / Cell Phone No.
, comemon maning / tau i cos	,, o, <u>.</u> , oo,					
Explain directions to your h	ome (Street, Apt. #, mile post #, etc	.)		I	EMAIL:	
Chapter Affiliation (Application	nt) Ager	ncy		Appointed icial?	If Yes, Position:	
				/ No	notarized. Form wi	fication Form filled out and ill be furnished by Cr. Services)
	SECTION B	- CO-BO				
Name (Last, First, Middle)			Census No.	5	Social Security No. -	Date of Birth /
Current Mailing Address (City, State, Zip Code)			long at address	5?	Home Phone No.	Cell Phone No.
Explain directions to your h	ome (Street, Apt. #, mile post #, etc	.)		1		,
Chapter Affiliation (Applica	nt) Ager	ncy		Appointed icial?	If Yes, Position:	
			Yes	s / No	(Need Ethical Certi notarized. Form wi	fication Form filled out and ill be furnished by Cr. Services)
	SECTION C-PRI	ESENT EN	NPLOYME	NT INFO		
Applicant's Employer & Address		Date of I	Employment	nent Position or Title		Work Phone No.
						(Direct Extension)
Spouse's Employer & Addre		Date of I	Employment	Por	sition or Title	Work Phone No.
Spoose's Employer & Addre	55	Date of	Employment	Pos	sition or Title	work Priorie No.
						(Direct Extension)
		-				
	SECTION D -	MONTHL	Y INCOME	INFORM	MATION	
		Wag	ges (Net)		Other	Total Monthly Income
Applicant's Monthly Income (Net)				\$		\$
Spouse's Monthly Income (Net)				\$		\$

SECT	ION E – LIST ALL DEBTS OU	TSTANDING (Do Not List Li	ving 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	ECTION F - LIST ALL MONTH	LY LIVING EX	PENSES		Amount
1. Food					\$
2. Utilities (electricity, water, p	propane, etc.)				\$
3. Telephone (cell, cable, satel	lite, etc.)				\$
4. Other(s)					\$
					\$
					\$
					\$
				Total (1-thru 4)	\$
	SIC	GNATURES			
loan from the Navajo Na connection with this applic Agency. My (our) loan wil terms of my (our) loan agre the entire loan amount imi I (We) understand and I (w applicable, I (We) understa supplement the Applicatio Nation government and will be grounds for ineligibility	(we) certify that all information contained ation. I (we) understand that any information will be verified. I (We) hereby auth I be subject to the compliance of the Nagement, the lender may, with or without mediately due and payable; and (b) pursue) agree to assume all financial and legal and that if I (we) am (are) a Navajo Nation attesting that I (we) will refrain from resill abide by the Navajo Ethics in Government of this application. I (We) understand partment and will not be returned.	mation contained I orize the Navajo Na vajo Nation Busines recourse to legal pro e legal action agains obligations arising f on elected official o equesting any specia ent Law. Any misst	nerein including ention to check my (o ss Procurement Act sceedings, take any at me (us). from the granting of or political appointe al consideration from atement of fact(s) of	nployment and pour) credit profile we. If I (We) should for all of the following any credit made ue, a notarized Ethern any personnel/pour misrepresentation.	ersonal references in ith a Credit Reporting fail to conform to the ing action: (a) declare under the Program. If ical Certification shall rogram of the Navajoon of information may
& Applicant's Signatu	ure Date		Co-Borrower Signature	<u> </u>	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.

Name and Addresses	Relationship	Telephone Numbers		
	Immediate Relative	Home Phone No.	Work Phone No	
 	_	Cell Phone No.	(Direct No.)	
	Immediate Relative	Home Phone No.	Work Phone No	
		Cell Phone No.	(Direct No.)	
		-		
	Immediate Relative	Home Phone No.	Work Phone No	
 		-		
		Cell Phone No.	(Direct No.)	
		-		
	Immediate Relative	Home Phone No.	Work Phone No	
		Cell Phone No.	(Direct No.)	

	Office Use Only	
VERIFIED BY:	Date	



EMPLOYMENT VERIFICATION FORM

Credit Services Department ● PO Box 2405 ● Window Rock, AZ 86515 ● 928-871-6749

has authorize	ed by the	ir signatur	e below to furnish	the information.	·	,	
Department Name & Address			Applicant's N	Applicant's Name (Please Print)			
				Social Securit	ry No.:		
				Applicant's S	gnature	Date	
(TO BE	FILLED	OUT BY	THE EMPLOYI	ER'S HUMAN R	ESOURCES	DEPARTMENT)	
Name of Emplo	yer:						
Department:					Dept. No.:		
Date of Employ	ment:			Position Title:		,	
Annual Salary:		\$					
			Employ	ment Status			
Regular Full Time		lar Part ime Temporary		Seasonal	Other	If Other, specify	
arks (optional):							
					Print Nar	me	
	Date				(Sianat	ture)	
Date			Authorized	<i>(Signature)</i> Authorized Human Resources Representative			

MAP TO RESIDENCE & PLACE OF EMPLOYMENT

(Be specific and descriptive)

PPLICANT'S NAME:	
raw a detailed map (including rural address number, color of house, mile post number, etc.))
	N W E S

Draw a detailed map to your place of employment.