

# Home Loan Application Credit Services Department

Amount	Purpose of	f Loan (check one)			(For Office U	(For Office Use Only)		
Requested	☐ New Home Construction	☐ Manufactured Home			ne BPA No:	BPA No:		
	☐ Home Improvement	☐ Refinancing Existing						
\$	☐ Purchase of Existing Hon	ne Home/Mortgage		e				
					Tracking	<b>.</b>		
COMMUN	ITY PROPERTY DEBT "The Application is 0	Considered As A	An Application Fo	Credit Exter	ided As A Debt Of The Mar	ital Community."		
	SECTIO	NA-M	ARITAL ST	ATUS				
Married 🗌	Common La	aw 🗌		S	ingle $\square$	No. of Dependents		
	SECTION B -	- APPLIC	ANT'S INI	FORMA	TION			
Name (Last, First, Middle)		Census No.		Social Security No. 		Date of Birth / /		
Current Mailing Address	(City, State, Zip Code)	Howl	How long at address?		Home Phone No.	Cell Phone No.		
					<del>-</del> -			
Explain directions to your	home (Street, Apt. #, mile post #, etc.)				EMAIL:			
Chapter Affiliation (Applicant)  Agency			Elected/Appointed If Y Official?		If Yes, Position:			
			Yes /		notarized. Form wi	fication Form filled out and Il be furnished by Cr. Services)		
	SECTION C -							
Name (Last, First, Middle)			Census No. Social S		Social Security No.	Date of Birth / /		
Current Mailing Address (City, State, Zip Code)		Howl	ong at address?	? Home Phone No.		Cell Phone No.		
Explain directions to your	home (Street, Apt. #, mile post #, etc.)	ı		<b>,</b>				
Chapter Affiliation (Applica	r Affiliation (Applicant) Agency		Elected/Appointed Official?		If Yes, Position:			
						fication Form filled out and ill be furnished by Cr. Services)		
	SECTION D - PRES							
Applicant's Employer & Ac	ldress	Date of Employment		P	osition or Title	Work Phone No.		
						(Disset Fetersies)		
						(Direct Extension)		
Spouse's Employer & Address		Date of Employment Positi		osition or Title	on or Title Work Phone No.			
Spouse's Employer & Address		Date of Employment		i osition of file				
						(Direct Extension)		
					, , , , , , , , , , , , , , , , , , ,			
SECTION E – MONTHLY INCOME INFORMATION								
			es (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 Monthly For Office Use Only Name of Creditor(s) **Original Amount Present Balance Payments** Rent 1. Own Home Mortgage 2. Vehicle Payments \$ \$ \$ Installments \$ \$ \$ \$ 4. Credit Cards 5 Other(s) \$ \$ \$ \$ 6. Other(s) \$ \$ \$ \$ \$ \$ \$

#### TOTAL: (If More, List on Separate Sheet) \$ SECTION F - LIST ALL MONTHLY LIVING EXPENSES Amount 1. Food 2. Utilities (electricity, water, propane, etc.) \$ \$ 3. Telephone (cell, cable, satellite, etc.) 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 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	Date

FY 2023 PO Box 2405 · Window Rock, AZ 86515

### 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.	
			Cell Phone No.	(Direct No.)	
		Immediate Relative	Home Phone No.	Work Phone No.	
2.			Cell Phone No.	 (Direct No.)	
3		Immediate Relative	Home Phone No.	Work Phone No.	
			Cell Phone No. 	(Direct No.)	
		Immediate Relative	Home Phone No.	Work Phone No.	
4					
			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

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			
		Socia	l Security No.:	-	-	
		Appli	cant's Signature		Date	
(TO BE FIL	LED OUT BY TH	E EMPLOYER'S	S HUMAN RES	OURCES <b>D</b> I	EPARTMEN1	r)
Name of Employer	r:					
Department:					Dept. No.:	
Date of Employme	ent:		Position Title:			•
Annual Salary:	\$					
		Employme	nt Status			
Regular Full Time	Regular Part Time	Temporary	Seasonal	Other	If Other, spe	ecify
narks (optional):						
				Print Name		
Date				(Signature	)	

## 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, e	tc.



Draw a detailed map to your place of employment.

