



# Holiday Loan Application

## Credit Services Department

Amount Requested  \$ _____	Purpose of Loan  _____
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BPA No: \_\_\_\_\_  
Date: \_\_\_\_\_

### SECTION A – MARITAL STATUS

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 – CO-BORROWER 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 – 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 D – MONTHLY INCOME INFORMATION

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



## PERSONAL REFERENCE SHEET

LIST PERSONAL REFERENCES WITH VALID ADDRESSES AND TELEPHONE NUMBERS TO IMMEDIATE RELATIVES. BE INFORMED THAT THE CREDIT SERVICES DEPARTMENT WILL VERIFY THE LISTED REFERENCES.  
**NO CO-WORKERS OR FRIENDS SHALL BE LISTED AS RELATIVES.**

<b>APPLICANT:</b>			
<b>Name and Addresses</b>	<b>Relationship</b>	<b>Telephone Numbers</b>	
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.) _____-_____-_____
4. _____ _____	Immediate Relative  _____	Home Phone No. _____-_____-_____  Cell Phone No. _____-_____-_____  _____-_____-_____	Work 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 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

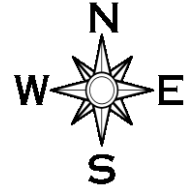
\_\_\_\_\_  
(Signature)  
Authorized Human Resources Representative

# 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.