

Holiday Loan Application Credit Services Department

Amount Requested	Purpose of Loan						
					BPA No:		
\$					Date:		
	SECTION	ON A – M	ARITAL ST	TATUS			
Married \square	Common Law		Single			No. of Dependents	
Name (Last, First, Middle)			Census No. So		ocial Security No. -	Date of Birth / /	
Current Mailing Address (Cit	Howl	How long at address?		Home Phone No.	Cell Phone No.		
Explain directions to your ho	ome (Street, Apt. #, mile post #, etc.)				EMAIL:		
Chapter Affiliation (Applicar	Agency	′	Elected/Appointed Official?		If Yes, Position:		
			Yes /	No		fication Form filled out and ill be furnished by Cr. Services)	
	SECTION B -	CO-BOR	ROWER II	NFORMA			
Name (Last, First, Middle)			Census No.	Social Security No. 		Date of Birth / /	
Current Mailing Address (Cit	Howl	w long at address? Home Phone No.			Cell Phone No.		
Explain directions to your ho	ome (Street, Apt. #, mile post #, etc.)						
Chapter Affiliation (Applicant) Agency			Elected/A _l Offic				
			Yes / No		(Need Ethical Certification Form filled out and notarized. Form will be furnished by Cr. Services)		
	SECTION C- PRES	SENT EM	PLOYMEN	T INFOR			
Applicant's Employer & Add			mployment		ition or Title	Work Phone No.	
						(Direct Extension)	
Spouse's Employer & Address		Date of Employment Pos		ition or Title Work Phone No.			
						(Direct Extension)	
	SECTION D - N	MONTHL	Y INCOME	INFORM	ATION		
		Wage	Wages (Net)		Other	Total Monthly Income	
Applicant's Monthly Income (Net)		\$	\$			\$	
Spouse's Monthly Income (Net)		\$		\$		\$	

FY 2024 Page | 1

SECT	FION E – LIST ALL DEBTS OU	TSTANDING ((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	ECTION F - LIST ALL MONTH	LY LIVING EX	PENSES		Amount
1. Food	\$				
2. Utilities (electricity, water, propane, etc.)					\$
3. Telephone (cell, cable, satellite, etc.)					\$
4. Other(s)					\$
					\$
					\$
	\$				
	\$				

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 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

11 7 7		elected official or political appointee, a notarized esting any special consideration from any person	
	•	Law. Any misstatement of fact(s) or misreprese	, ,
3 , , , ,		that this application and all its contents will be	ecome the property of the
Navajo Nation Credit Services Department	t and will not be returned.		
	-		_
Applicant's Signature	Date		Date

FY 2024 Page | 2

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.

APPLICANT:							
Name and Addresses	Relationship	Telephone Numbers					
	Immediate Relative	Home Phone No.	Work Phone No.				
1							
		Cell Phone No.	(Direct No.)				
	Immediate Relative	Home Phone No.	Work Phone No.				
2.		-					
		Cell Phone No.	(Direct No.)				
		-					
	Immediate Relative	Home Phone No.	Work Phone No.				
3		-					
		Cell Phone No.	(Direct No.)				
	Immediate Relative	Home Phone No.	Work Phone No.				
4							
		Cell Phone No.	(Direct No.)				
		-					
	•						
Of	fice Use Only						
	nce use only						

VERIFIED BY: Date

FY 2024 Page | 3



EMPLOYMENT VERIFICATION FORM

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

				the information.		yment for the individu
Department Name & Address			Applicant's Name (Please Print)			
				Social Securit	ry No.:	
				Applicant's S	ignature	Date
		OUT BY	THE EMPLOYI	ER'S HUMAN R	ESOURCES	DEPARTMENT)
Name of Employ	er:					
Department:						Dept. No.:
Date of Employr	ment:			Position Title:		
Annual Salary:		\$				
			Employ	ment Status		
Regular Full Time	Regular Part Time		Temporary	Seasonal	Other	If Other, specify
arks (optional):						
					Print Nam	ne
	Date				(Signature)	

FY 2024 Page | 4

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.)	
	N W E S

Draw a detailed map to your place of employment.

FY 2024 Page | 5