



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.

APPLICANT:			
Name and Addresses	Relationship	Telephone Numbers	
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

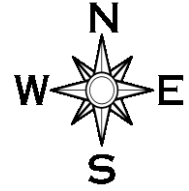
(Signature)
Authorized Human Resources Representative

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.)



Draw a detailed map to your place of employment.



Holiday Loan Program Requirement Checklist

****Applications available from October 1st to December 31st****

Loan Amounts from \$500 - \$1500

Eligibility Determination

- 18 years and older, must be an enrolled member of the Navajo Nation.
- Must be employed **Full Time** two **(2) years or more.**
(If a co-signer is required, a co-signer application must be completed).
- Applications and forms are available at the office or online at nnooc.org
- Scan / Email complete application to: creditdocuments@nnooc.org

Please provide the following	Yes	No
1. Loan Application - Must be complete, filled out, signed, and dated by the applicant(s).		
2. Employment Verification Form(s) - Must be completed by the Employers Human Resources Department. Employment verification will not be accepted if ALTERED.		
3. References - All references must be nearest immediate relatives of applicant. NO Co-workers or Friends.		
4. Signed & Notarized Ethical Certification Form – Required only if applicant(s) is a Navajo Nation Elected Official, Political Appointee, Presiding Judge or Office of the Controller Staff.		

Attach the following documents for the Applicant and /or Co-Borrower:

Please provide clear copies.

a. Valid State Driver’s License(s) or State Identification Card(s)		
b. Social Security Card (s)		
c. Two (2) most recent check stubs from each of the applicant(s), four (4) recent check stubs if paid weekly. CURRENT award letter if on fixed income.		
d. Document with physical description of current residency (Utility statement, Chapter Verification etc. Physical address must be on the document).		

ALL APPROVED LOANS WILL BE ASSESSED A LOAN CLOSING FEE OF \$65.00 AND WILL BE INCLUDED IN THE LOAN