

Home Loan Application Credit Services Department

Amount	Purpose of Loan (check one)							
Requested	☐ New Home Construction	☐ Manufactured Home			me	BPA No:		
	☐ Home Improvement	☐ Refinancing Existing			ng	BPA NO:		
\$	·	Manufactured Mortgage				Date:		
COMMUNITY P	ROPERTY DEBT "The Application is Consid	lered as An	Application for	Credit Ex	tended a	s A Debt of The	Marital Community."	
	SECT	ION A – M	ARITAL STAT	US				
Married \Box	Common Law	, \sqcap			Single		No. of Dependents	
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	SECTION B - A	_		FORM.				
Name (Last, First, Middle)			Census No.		Social S	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.)					EMAIL:		
Chapter Affiliation (Applica	ant) Agency		Elected/Appointed If Young		Yes, Position:			
			Yes /				l Certification Form filled out and orm will be furnished by Cr. Services)	
	SECTION C – C	O-BOR	ROWER IN	NFORM				
Name (Last, First, Middle)			Census No.		Social S	Security No. -	Date of Birth / /	
Current Mailing Address (City, State, Zip Code)			ong at address?	Home Phone No.		Phone No.	Cell Phone No.	
Explain directions to your	home (Street, Apt. #, mile post #, etc.)							
Chapter Affiliation (Applica	ant) Agency		Elected/Appointed If Yes, Pos Official?		es, Position:	on:		
			Yes	/ No		eed Ethical Certification Form filled out and tarized. Form will be furnished by Cr. Services)		
	SECTION D - PRESE	NT EM	PLOYMEN	T INFO			a de joinistica dy en services,	
Applicant's Employer & Ac			mployment		Position		Work Phone No.	
							-	
			<u> </u>				(Direct Extension)	
Spouse's Employer & Address		Date of Employment		Position or Title		or Title	Work Phone No.	
							(Direct Extension)	
							-	
	SECTION E - MC	NTHLY	INCOME	INFOR	ITAMS	ON	1	
		Wage	es (Net)		Oth	er	Total Monthly Income	
Applicant's Monthly Incom		\$		\$			\$	
Spouse's Monthly Income		-		4				
		\$		\$			\$	

SECTION E – LIST ALL DEBTS OUTSTANDING (Do Not List Living Expenses) Name of Creditor(s) Original Amount Present Balance Payments Fo

	Name of Condition (c)	Octobral Assessment	Barrest Balance	Monthly	5O(511O-1
1. Rent	Name of Creditor(s)	Original Amount	Present Balance	Payments	For Office Use Only
Own Home					
□ Mortgage		\$	\$	\$	\$
2. Vehicle Payments		\$	\$	\$	\$
3. Installments		\$	\$	\$	\$
4. Credit Cards		\$	\$	\$	\$
5 Other(s)		\$	\$	\$	\$
6. Other(s)		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
(If More, List on Separate Sheet)	\$				
SE	ECTION F - LIST ALL MONTH	LY LIVING EX	PENSES		Amount
1. Food					\$
2. Utilities (electricity, water, p	\$				
3. Telephone (cell, cable, satel	\$				
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 satisfy 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 the ineligibility of this application. I (We) understand that this application and all its contents will become the property of the Navajo Nation Credit Services Department and will not be returned.

Applicant's Signature	Date	Date

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.	Work Phone No.	
_			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.)	

	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 D E	PARTMENT)	
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	cify	
narks (optional):							
				Print Name			
Date				(Signature)			

MAP TO RESIDENCE & PLACE OF EMPLOYMENT

(Be specific and descriptive)

APPLICANT'S NAME:				_
Draw a detailed map (in	cluding rural address number,	color of house,	mile post numbe	r, etc.)



Draw a detailed map to your place of employment.

