



Home Loan Application

Credit Services Department

Amount Requested \$ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: black; color: white; padding: 2px;">Purpose of Loan (check one)</th> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> New Home Construction</td> <td style="padding: 2px;"><input type="checkbox"/> Manufactured Home</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Home Improvement</td> <td style="padding: 2px;"><input type="checkbox"/> Refinancing Existing Manufactured Mortgage</td> </tr> </table>	Purpose of Loan (check one)		<input type="checkbox"/> New Home Construction	<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Home Improvement	<input type="checkbox"/> Refinancing Existing Manufactured Mortgage	BPA No: _____ Date: _____
Purpose of Loan (check one)								
<input type="checkbox"/> New Home Construction	<input type="checkbox"/> Manufactured Home							
<input type="checkbox"/> Home Improvement	<input type="checkbox"/> Refinancing Existing Manufactured Mortgage							
COMMUNITY PROPERTY DEBT "The Application is Considered as An Application for Credit Extended as A Debt of The Marital Community."								
SECTION A – MARITAL STATUS								
Married <input type="checkbox"/>	Common Law <input type="checkbox"/>	Single <input type="checkbox"/>						
		No. of Dependents _____						
SECTION B – APPLICANT'S 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.) _____		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 C – 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 D – 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 E – 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 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

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.

