



"CO-SIGNER"

Home Loan Application

Credit Services Department

Amount Required \$ _____	CO-SIGNING FOR (NAME OF APPLICANT(S)): _____	BPA NO: _____ DATE: _____
---------------------------------	---	----------------------------------

SECTION A – APPLICANT(S) INFORMATION

Married <input type="checkbox"/>	Common Law <input type="checkbox"/>	Single <input type="checkbox"/>	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 – 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 C – MONTHLY INCOME INFORMATION

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

SECTION D – REFERENCES

Name and Addresses	Relationship	Telephone Numbers	
1. _____	Immediate Relative	Home Phone No. _____ _____	Work Phone No. _____ _____
2. _____	Immediate Relative	Home Phone No. _____ _____	Work Phone No. _____ _____
3. _____	Immediate Relative	Home Phone No. _____ _____	Work Phone No. _____ _____

SECTION E – LIST ALL DEBTS OUTSTANDING (Do Not List Living Expenses)

	Name of Creditor(s)	Original Amount	Present Balance	Monthly Payments	For Office Use Only
1. <input type="checkbox"/> Rent <input type="checkbox"/> Own Home <input type="checkbox"/> Mortgage		\$	\$	\$	\$
2. Vehicle Payments		\$	\$	\$	\$
3. Installments		\$	\$	\$	\$
4. Credit Cards		\$	\$	\$	\$
5. Other(s)		\$	\$	\$	\$
6. Other(s)		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

(If More, List on Separate Sheet)

TOTAL:

\$

SECTION F– LIST ALL MONTHLY LIVING EXPENSES

Amount

1. Food	\$
2. Utilities (electricity, water, propane, etc.)	\$
3. Telephone (cell, cable, satellite, etc.)	\$
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 (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, 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



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.