

# **Personal Loan Application** Credit Services Department

Amount Requested	Purpose of Loan			BPA No	BPA No:				
\$						_ Date:			
	S	ECTION	I A – M/	ARITAL S	TATUS				
Married	Common Law	_						No. of Dependents	
Name (Last, First, Middle)			С	ensus No.		Social Security	No.	Date of Birth	
Current Mailing Address (Ci	ty, State, Zip Code)		Howld	ong at address	?	- Home Phone No.		/ / Cell Phone No.	
				5					
Explain directions to your h	ome (Street, Apt. #, mile post	#, etc.)					EMAIL:		
Chapter Affiliation (Applica	nt)	Agency		Elected/Appointed I Official?		If Yes, Posit	If Yes, Position:		
				notarized. Form				rtification Form filled out and will be furnished by Cr. Services)	
	SECTIO	$\mathbf{N} \mathbf{B} - \mathbf{C}$		ROWER	NFORM				
Name (Last, First, Middle)			C	ensus No.		Social Security -	No.	Date of Birth / /	
Current Mailing Address (Ci	ty, State, Zip Code)		Howld	How long at address? Home Phone No.			Cell Phone No.		
Explain directions to your h	ome (Street, Apt. #, mile post	#, etc.)							
Chapter Affiliation (Applicant) Agency		Agency	Elected/Appointed Official?		If Yes, Posit	If Yes, Position:			
			Yes / No			(Need Ethical Certification Form filled out and notarized. Form will be furnished by Cr. Services)			
	SECTION C-	PRESE	NT EMI	PLOYME	NT INFO	DRMATION			
Applicant's Employer & Ado	lress		Date of En	nployment	P	osition or Title	_	Work Phone No.	
		_	1					(Direct Extension)	
							-	<sup>_</sup>	
Spouse's Employer & Address			Date of Employment Posi		osition or Title		Work Phone No.		
							(Direct Extension)		
							-		
	SECTION	D – MO	NTHLY	INCOME		MATION			
			Wage	s (Net)		Other		Total Monthly Income	
Applicant's Monthly Income	e (Net)	\$			\$		\$		
Spouse's Monthly Income (Net)									

#### 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. 🗆 Rent	Name of Creditor(s)	Original Amount	Present Balance	Payments	For Office Ose Only	
Own Home						
🗖 Mortgage		\$	\$	\$	\$	
2. Vehicle Payments		\$	\$	\$	\$	
3. Installments		\$	\$	\$	\$	
4. Credit Cards		\$	\$	\$	\$	
5 Other(s)		\$	\$	\$	\$	
6. Other(s)		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
(If More, List on Separate Sheet)	(If More, List on Separate Sheet) TOTAL:					
SE	Amount					
1. Food	\$					
2. Utilities (electricity, water, p	\$					
3. Telephone (cell, cable, satel	\$					
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, 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

Co-Borrower Signature

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 Addre	sses Relationship	Telephone Numbers			
1	Immediate Relative	Home Phone No.	Work Phone No.		
		Cell Phone No.	(Direct No.)		
2	Immediate Relative	Home Phone No.	Work Phone No.		
		Cell Phone No.	(Direct No.)		
3	Immediate Relative	Home Phone No.	Work Phone No.		
		Cell Phone No.	(Direct No.)		
			<u>_</u>		
	Immediate Relative	Home Phone No.	Work Phone No.		
4		Cell Phone No.	 (Direct No.)		
<u> </u>			<sup>-</sup>		

## 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 Emplo	yer:						
Department:						Dept. No.:	
Date of Employment:				Position Title:			
Annual Salary:		\$					
Employment Status							
Regular Full Time	-	lar Part ime	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.