

## "CO-SIGNER"

## Personal Loan Application Credit Services Department

Amount Requested	ested CO-SIGNING FOR (NAME C				OF APPLICANT(S):								
						BPA No:							
\$					Date:								
		SECTION A	ADD		MT/C) IN	IEO DI	AAT	ION					
	_	SECTION A -	APP	LIUF		_	MAII	ON			No. of E	Dependents	
Married 🗌	Cor	mmon Law			Single							•	
Name (Last, First, Middle)							cial Secur -	ity No. -		Date /	of Birth /		
Current Mailing Address (	City, State, Zip Co	ode)		How long at address? H		ome Phor -	ie No. -		Cell P	hone No.			
Explain directions to your ho	ome (Street, Apt.	#, mile post #, etc.)							EMAIL:	ull:			
Chapter Affiliation (Applican	it)	Agency			Elected/ <i>F</i> Offi	Appointe cial?	d	If Yes, Position:					
								rtification Form filled out and will be furnished by Cr. Services)					
	SEC <sup>-</sup>	TION B- PRES	ENT	EMF	PLOYMEN	NT INF	FOR					<u> </u>	
Applicant's Employer & Address			Date of Employment Position			ion or Title Work Phone No.							
				1								xtension)	
Spouse's Employer & Addres	is		Date of Employment Positi			ion or Titl	e		Work Pl	none No.			
											(Direct E	xtension)	
											<del></del>		
	S	ECTION C - M	ONT	THLY	INCOME	INFO	RM/	ATION					
				Wages	(Net)			Other		Т	otal Mon	thly Income	
Applicant's Monthly Income	(Net)												
Spouse's Monthly Income (Net)			\$			\$				\$			
Spoose's Monthly Income (N	iet)		\$			\$				\$			
		SEC1	101	<b>I D</b> – I	REFEREN	NCES							
Name and Addresses					Relationship		Telephone Numbers		umbers				
1.					Immediate Relat	ive			Phone No.		Wo	rk Phone No.	
				Immediate Relative			Home Phone No.			Wo	rk Phone No.		
2.								<del>·</del> _	<del>-</del>			·	
					Immediate Relative			Home Phone No.			Wo	rk Phone No.	
3								<del>-</del> _	<del></del>			·	

SECTI	ON E – LIST ALL DEBTS OU	JTSTANDING (	(Do Not List Li	iving Expens	es)
				Monthly	
1. Rent	Name of Creditor(s)	Original Amount	Present Balance	Payments	For Office Use Only
1. □ Rent □ Own Home					
□ Mortgage		\$	\$	\$	\$
2. Vehicle Payments		\$	\$	\$	\$
3. Installments		\$	\$	\$	\$
4. Credit Cards		\$	\$	\$	\$
5 Other(s)		\$	\$	\$	\$
6. Other(s)		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
(If More, List on Separate Sheet)		•		TOTAL:	\$
SEC	CTION F - LIST ALL MONTH	ILY LIVING EX	PENSES		Amount
1. Food					\$
2. Utilities (electricity, water, pro	opane, etc.)				\$
3. Telephone (cell, cable, satellit	e, etc.)				\$
4. Other(s)					\$
					\$
					\$
					\$
				Total (1-thru 4)	\$
	_	IGNATURES			
loan from the Navajo Nation with this application will be (our) loan will be subject to to loan agreement, the lender amount immediately due an I (We) understand, I (we) agapplicable, I (We) understand	ve) certify that all information containe i. I (we) understand that any informatio verified. I (We) hereby authorize the Na the compliance of the Navajo Nation Bu may, with or without recourse to leg d payable; and (b) pursue legal action a gree to assume all financial and legal of that if I (we) am (are) a Navajo Nat attesting that I (we) will refrain from a	n contained herein, avajo Nation to checusiness Procurement al proceedings, takengainst me (us).  Obligations arising fraction elected official	including employments with the following and the following of the granting of the political appoints	ent and personal re ofile with a Credit Id fail to conform to owing action: (a) of any credit made ee, a notarized Etl	eferences in connection Reporting Agency. My o the terms of my (our) declare the entire loan under the Program. If hical Certification shall
Nation government and will be grounds for the ineligibility	abide by the Navajo Ethics in Governm ty of this application. I (We) understan rtment and will not be returned.	nent Law. Any miss	tatement of fact(s)	or misrepresentati	ion of information may
Applicant's Signature	Date	<u> </u>	Co-Borrower Signature	Date	



## **EMPLOYMENT VERIFICATION FORM**

Credit Services Department ● PO Box 2405 ● Window Rock, AZ 86515 ● (928) 871-6749

			e below to furnish	requesting verification.	ation of empic	dyffielit for the	: iliulviuoai v	
Department I	Name & A	Address		Applicant's N	Applicant's Name (Please Print)			
				Social Securi	ty No.:			
				Applicant's S	ignature		Date	
(То ве	FILLED	OUTBY	THE EMPLOY	ER'S HUMAN R	esources?	DEPARTM	ENT)	
Name of Employ	/er:							
Department:						Dept. No.:		
Date of Employment:				Position Title:				
Annual Salary:		\$						
			Employ	ment Status				
Regular Full Time		lar Part me	Temporary	Seasonal	Other	If Other, specify		
arks (optional):								
					Print Nai	me		

## MAP TO RESIDENCE & PLACE OF EMPLOYMENT

(	Be	specific	and	descr	intive	)
١	DC	Specific	and	ucbc1.	IPU V	,

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

W E

Draw a detailed map to your place of employment.