



Personal Loan Application

Credit Services Department

Amount Requested \$ _____	Purpose of Loan _____
---	-------------------------------------

BPA No: _____

Date: _____

SECTION A – MARITAL STATUS

Married

Common Law

Single

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 – 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 C – 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 D – MONTHLY INCOME INFORMATION

	Wages (Net)	Other	Total Monthly Income
Applicant's Monthly Income (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. <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

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 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 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 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.



Personal Loan Program Requirement Checklist



Eligibility Determination

- 18 years and older, must be an enrolled member of the Navajo Nation.
- Must be employed **Full Time** two **(2) years or more**.
(If a co-signer is required, a co-signer application must be completed).
- Applications and forms are available at the office or online at nnooc.org
- Scan/Email complete application to: creditdocuments@nnooc.org

Please provide the following	Yes	No
1. Loan Application - Must be complete, filled out, signed, and dated by the applicant(s).		
2. Employment Verification Form(s) - Must be completed by the Employers Human Resources Department. Employment verification will not be accepted if ALTERED .		
3. References - All references must be nearest immediate relatives of applicant. NO Co-workers or Friends.		
4. Signed & Notarized Ethical Certification Form – Required only if applicant(s) is a Navajo Nation Elected Official, Political Appointee, Presiding Judge or Office of the Controller Staff.		

Attach the following documents for the Applicant and /or Co-Borrower:

Please provide clear copies.

a. Valid State Driver’s License(s) or State Identification Card(s)		
b. Social Security Card (s)		
c. Two (2) most recent check stubs from each of the applicant(s), four (4) recent check stubs if paid weekly. CURRENT award letter if on fixed income.		
d. Document with physical description of current residency (Utility statement, Chapter Verification etc. Physical address must be on the document).		

ALL APPROVED LOANS WILL BE ASSESSED A LOAN CLOSING FEE OF \$65.00 AND WILL BE INCLUDED IN THE LOAN