



Personal Loan Application

Credit Services Department

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

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

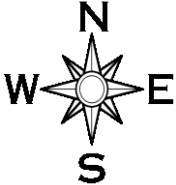
(Signature)
Authorized Human Resources Representative

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.