



“CO-SIGNER”

Personal Loan Application

Credit Services Department

| | |
|------------------------------|--|
| Amount Requested \$ _____ | CO-SIGNING FOR (NAME OF APPLICANT(S): _____ |
|------------------------------|--|

BPA No: _____

Date: _____

SECTION A – APPLICANT(S) INFORMATION

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 – 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. - - |



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

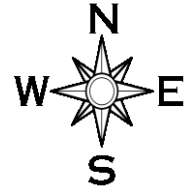
(Signature)
Authorized Human Resources Representative

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.