

# Holiday Loan Application Credit Services Department

Amount Requested	Purpose of Loan						
					BPA No:		
\$					Date:		
_			IARITAL S	TATUS		No. of Dependents	
Married	Common Law		Single			No. of Dependents	
Name (Last, First, Middle)		Census No.		Social Security No.	Date of Birth / /		
Current Mailing Address (City	Current Mailing Address (City, State, Zip Code)			How long at address? H		Cell Phone No.	
Explain directions to your ho	me (Street, Apt. #, mile post #, etc.)	)			EMAIL:		
Chapter Affiliation (Applican	napter Affiliation (Applicant) Agency		Elected/Appointed Official?		If Yes, Position:		
			Yes	/ No		ication Form filled out and l be furnished by Cr. Services)	
	SECTION B-						
Name (Last, First, Middle)					Social Security No.	Date of Birth / /	
Current Mailing Address (City	v, State, Zip Code)	How	How long at address? H		Home Phone No.	Cell Phone No.	
Explain directions to your ho	me (Street, Apt. #, mile post #, etc.)	)					
Chapter Affiliation (Applican	hapter Affiliation (Applicant) Agency		y Elected/Appointed Official?		If Yes, Position:	If Yes, Position:	
			Yes	/ No		ication Form filled out and l be furnished by Cr. Services)	
	SECTION C-PRE			<b>NT INFOI</b>	RMATION		
Applicant's Employer & Addr	255	Date of E	Employment	Po	sition or Title	Work Phone No.	
		/				(Direct Extension)	
Spouse's Employer & Address		Date of E	Date of Employment Posi		sition or Title	Work Phone No.	
		/	I			(Direct Extension)	
						·	
	SECTION D-	MONTHL	Y INCOME				
			Wages (Net)		Other	Total Monthly Income	
Applicant's Monthly Income (		\$		\$		\$	
Spouse's Monthly Income (Net)		\$	\$ \$			\$	

SECT	FION E – LIST ALL DEBTS OU		(Do Not List Li	iving Expense	es)
	Name of Creditor(s)	Original Amount	Present Balance	Monthly 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:	\$
SE	ECTION F - LIST ALL MONTH	LY LIVING EX	PENSES		Amount
1. Food					\$
2. Utilities (electricity, water, propane, etc.)					\$
3. Telephone (cell, cable, satellite, etc.)					\$
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, and 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.

Ľ Applicant's Signature

### 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.** 

Name and Addresses	Relationship	Telephone Numbers		
	Immediate Relative	Home Phone No.	Work Phone No	
		Cell Phone No.	(Direct No.)	
	Immediate Relative	Home Phone No.	Work Phone No	
	<u> </u>	Cell Phone No.	(Direct No.)	
		·	<sup>_</sup>	
	Immediate Relative	Home Phone No.	Work Phone No	
		Cell Phone No.	(Direct No.)	
		<sup>_</sup>		
	Immediate Relative	Home Phone No.	Work Phone No	
		<sup>_</sup> <sup>_</sup> Cell 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 Emplo	yer:						
Department:				Dept. No.:			
Date of Employ	ment:			Position Title:			
Annual Salary:	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.



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. <b>CURRENT</b> 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

FY 2024