

# **Personal Loan Application Credit Services Department**

Amount Requested	Purpose of Loan  BPA No:  Date:			o:				
		SECTION	IA-MARITAI	STAT	TUS			
Married  Comm			on Law		Single $\square$		No. of Dependents	
Name (Last, First, Middle)			Census No.		Social Secur		y No.	Date of Birth
Current Mailing Address (City, State, Zip Code)			How long at add	ress?	s? Home Phone No.		No.	Cell Phone No.
Explain directions to your h	ome (Street, Apt. #	, mile post #, etc.)					EMAIL:	- <b>I</b>
Chapter Affiliation (Applica	Chapter Affiliation (Applicant) Agency			Elected/Appointed Official?		If Yes, Position:		
				Yes	No			cation Form filled out and be furnished by Cr. Services)
		SECTION B - C	O-BORROWE	R INFO	ORMA			
Name (Last, First, Middle)				Census No. Social Securi			y No.	Date of Birth
Current Mailing Address (City, State, Zip Code)			How long at add	ress?	Home Phone No.		No.	Cell Phone No.
Explain directions to your h	ome (Street, Apt. #	, mile post #, etc.)						ı
Chapter Affiliation (Applica	nt)	Agency		ed/Appoi Official? Yes	inted No	If Yes, Position:		
	1				(Need Ethical Certification Form filled out an notarized. Form will be furnished by Cr. Servi			
	SECT	ION C- PRESE	NT EMPLOYM	ENT I	NEOR			oe furnished by Cr. Services)
Applicant's Employer & Add			Date of Employmen		Position or Title			Work Phone No.
							-	(Direct Extension)
Spouse's Employer & Addre	ess		Date of Employmen	t	Position or Title		1	Work Phone No.
								(Direct Extension)
	SE	ECTION D - MO	NTHLY INCO	ME INI	FORM	ATION		
			Wages (Net)			Other		Total Monthly Income
Applicant's Monthly Income		\$		\$				\$
Spouse's Monthly Income (N	Net)	\$		\$				\$

SECT	ION E - LIST ALL DEBTS OF	JISTANDING (	(Do Not List Li	ving 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	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)	\$
	SI	IGNATURES			
loan from the Navajo Natio with this application will be (our) loan will be subject to loan agreement, the lender immediately due and payab I (We) understand, I (we) a applicable, I (We) understa supplement the Application Nation government and will grounds for the ineligibility	we) certify that all information containe in. I (we) understand that any information verified. I (We) hereby authorize the Nathe compliance of the Navajo Nation Burnay, with or without recourse to legal prole; and (b) pursue legal action against magree to assume all financial and legal of that if I (we) am (are) a Navajo Nather attesting that I (we) will refrain from relabide by the Navajo Ethics in Government of this application. I (We) understand the tertiment and will not be returned.	n contained herein, in contained herein, in avajo Nation to chect usiness Procurement roceedings, take any ite (us).  Tobligations arising from elected official of the content of the con	ncluding employments my (our) credit process Act. If I (We) should or all the following from the granting of the proportion political appoints all consideration frostement of fact(s) or	ent and personal re ofile with a Credit d fail to conform to action: (a) declare f any credit made se, a notarized Eth m any personnel/p misrepresentation	ferences in connection Reporting Agency. My o the terms of my (our) the entire loan amount under the Program. It nical Certification shal program of the Navajo of information may be
Applicant's Signatur	re 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.	Work Phone No.	
		Cell Phone No.	(Direct No.)	
2.	Immediate Relative	Home Phone No.	Work Phone No.	
		Cell Phone No.	(Direct No.)	
3.	Immediate Relative	Home Phone No.	Work Phone No.	
		Cell Phone No.	(Direct No.)	
4.	Immediate Relative	Home Phone No.	Work Phone No.	
		Cell Phone No.	(Direct No.)	

VERIFIED BY:	Date	

Office Use Only



## **EMPLOYMENT VERIFICATION FORM**

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

Donartmont	Nama 9. /	\ddrocc		Applicant's Na	ma (Plasca F	Print)	
Department Name & Address				Applicant's Name (Please Print)			
				Social Security	y No.:		
				Applicant's Sig	gnature	Date	
·		OUT BY	THE EMPLOY	ER'S HUMAN RI	ESOURCES	DEPARTMENT)	
lame of Emplo	yer:						
epartment:						Dept. No.:	
	ment:			Position Title:	Position Title:		
ate of Employ	ment.	\$					
	ment.	\$					
nnual Salary:			Employ	ment Status			
	Regul	\$ ar Part me	<b>Employ</b> Temporary	ment Status Seasonal	Other	If Other, specify	
annual Salary:	Regul	ar Part			Other	If Other, specify	
nnual Salary: Regular Full Time	Regul	ar Part			Other	If Other, specify	
nnual Salary: Regular Full Time	Regul	ar Part			Other	If Other, specify	

# MAP TO RESIDENCE & PLACE OF EMPLOYMENT

(Be specific and descriptive)

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



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 <u>Full Time</u> 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 <u>nnooc.org</u>
- Scan/Email complete application to: <a href="mailto:creditdocuments@nnooc.org">creditdocuments@nnooc.org</a>

Please provide the following	Yes	No
1. Loan Application - Must be complete, filled out, signed, and dated by the applicant(s).		
Employment Verification Form(s) - Must be completed by the Employers Human     Resources Department. Employment verification will not be accepted if <u>ALTERED.</u>		
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.	
<ul> <li>d. Document with physical description of current residency (Utility statement, Chapter Verification etc. Physical address must be on the document).</li> </ul>	

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