Department of Navajo Veterans Department

Personal Loan Program

Required Document Check List

1. _____ **The application must be completely filled out.** Signed & dated with the following supporting documentation attached:

   ____ DD-214 (Honorably Discharge)
   Must be an enrolled member of the Navajo Nation.

   Note: Effective immediately, all Indian Health Services, BIA employees and Retirees are required to have Co-Signers.

2. _____ **Related Required Documents for all Applicants:**

   ____ 2 Recent Check Stubs / CIB / W-9

   ____ Driver's License and Social Security Card(s)

   ____ If on Fixed Income, (Verification is required); Self Employed, (Income Tax Returns required)

   ____ Employment Verification – signed by authorized Personnel Official

   ____ Map to residence and work (draw specific information; street name, number, RA numbers, etc.)

   ____ Married Veterans, including spouses in common law marriage, MUST apply jointly.

3. _____ **Qualified Co-Signer – Navajo Nation and/or Other Tribal Entities**

   ____ 2 Recent Check Stubs

   ____ Driver's License and Social Security Card

   ____ Map to residence and work (draw specific information)

   ____ Co-signers Consent Statement

   ____ Employment Verification – signed by authorized Personnel Official

4. _____ **Signed & Notarized Ethics Form for Electrical Officials, Political Appointees, Elected Officials, (co-signer); DNVA Staff**

We will not accept incomplete applications and also faxed information will not be accepted.

☐ Honorably Discharged

☐ Gold Star Mother

☐ Other (specify):

The Navajo Nation Veterans Loan Program

Mailing Address
PO Box 430
Window Rock, AZ 86515

Telephone No.
(928) 871-6413
(928) 871-6598

Fax No.
(928) 871-7288

Application for a Veterans Loan

COMMUNITY PROPERTY DEBT "The Application is Considered As An Application For Credit Extended As A Debt Of The Marital Community."

Amount Requested: $	**Purpose of Loan:**	**Have you received or co-signed on a Veterans Loan or Personal Loan?** ☐ Yes ☐ No If yes, when and what type:

SECTION A – APPLICANT(S) INFORMATION

Name (Last, First, Middle) **Other Names Used:**	**Census No.**	**Social Security No.**	**Date of Birth**
Spouse's Name (Last, First, Middle) **Other Names Used:**	**Census No.**	**Social Security No.**	**Date of Birth**
Current Mailing Address (City, State, Zip Code)	**How Long at Address? (Yrs./Mo.)**		**Home Phone No.**
Physical Address (Street, Apt. #, etc.) (City, State, Zip Code)			

Chapter Affiliation (Applicant)	**Agency** Western	**Chapter Affiliation (Spouse)**	**Agency** Western
Elected /Appointed Official? Yes ☐ No ☐	***(If Yes)* Position:**	**Elected /Appointed Official?** Yes ☐ No ☐	***(If Yes)* Position:**

SECTION B – MARITAL STATUS

☐ **Married** ☐ **Common Law** ☐ **Unmarried**	**No. of Dependents**

SECTION C – PERSONAL REFERENCES (Provide 3 References)

1. Nearest Relative & Address	**Relationship**	**Home Phone No.**	**Work Phone No.**
2. Nearest Relative & Address	**Relationship**	**Home Phone No.**	**Work Phone No.**
3. Personal Reference (Not a Relative) & Address	**Relationship**	**Home Phone No.**	**Work Phone No.**

SECTION D – EMPLOYMENT INFORMATION

Present Employer & Address	**Date of Employment**	**Position or Title**	**Work Phone No.**
Spouse's Employer & Address	**Date of Employment**	**Position or Title**	**Work Phone No.**

Previous Employer & Address (If Less Than Two Years)	**Spouse's Previous Employer & Address** (If Less Than Two Years)

SECTION E - INCOME AND FINANCIAL INFORMATION

	(Wages - Net)	(Retirement)	(SS / SSI)	Total Monthly Income (from all sources)
Applicant's Monthly Income	$	$	$	$
Spouse's Monthly Income	$	$	$	$
Have you ever filed Bankruptcy? ☐ Yes ☐ No	**If yes, When?**	**OTHER SOURCE OF INCOME** (Please submit all supporting documents for other income)		$
			GRAND TOTAL:	$

SECTION F – LIST ALL DEBTS OUTSTANDING

Creditor's/Credit Cards	Address/ Account # s	Original Amount	Present Balance	Monthly Payments	*For Office Use Only*
1. ☐ Rent ☐ Mortgage ☐ Own Home		$	$	$	$
2.		$	$	$	$
3.		$	$	$	$
4.		$	$	$	$
5.		$	$	$	$
6.		$	$	$	$
7.		$	$	$	$
(If More, List on Separate Sheet)				TOTAL:	$

SECTION G –LIVING EXPENSES

	Amount			Amount
1. Food	$		8. Educational Expense	$
2. Clothing	$		9. Child Care or Babysitting Expense	$
3. Utilities (Electricity, Water, Propane, Telephone, etc.)	$		10. Child Support/Alimony Payment	$
4. Vehicle Expense (Transportation Repairs)	$		11. Contribution/Recreation	$
5. Insurance: (House, Life)	$		12. Other(s)	$
6. Insurance: (Vehicle(s)	$		13. Other(s)	$
7. Medical Expense	$		TOTAL (1 thru 13):	$

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 Veterans Loan from the Navajo Nation. I understand that any information contained herein including employment in connection with this application will be verified. I (We) hereby authorize the Department of Veterans Affairs 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 (BPA), and Navajo Nation Privacy and Access to Information Act; unless I(we) consent to it in writing to disclose information. 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 of the following action: (a) declare the entire loan amount immediately due and payable; (b) take possession of and sell any or all collateral given as security; and (c) pursue legal action against me (us). Should the net proceeds from sale of property not satisfying the balance outstanding, I (we) will remain liable for the balance due.

I (We) understand and I (we) agree to assume all financial and legal obligations arising from the granting of any credit made under the Veterans Loan Program. If applicable, I (we) understand that if I(we) am(are) an 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 ineligibility of this application. I (We) understand that this application and all its contents becomes the property of the Navajo Nation.

✍ Applicant's Signature	___/___/___ Date	✍ Spouse's Signature	___/___/___ Date

EMPLOYMENT VERIFICATION FORM

Employer's Name & Address

_____

_____

_____

Applicant's Name

_____

_____

(Social Security No.)

To Whom It May Concern:

The Navajo Nation Veterans Loan Program is requesting verification of employment for the individual who has authorized by their signature below to furnish the information. The named individual has applied for a Veterans Loan through our program. Thank you.

DEPARTMENT OF VETERANS AFFAIRS

_____ Applicant's Signature

_____ Date

(TO BE FILLED OUT BY THE RESPECTIVE EMPLOYER)

Department/Company Name:			**Dept. No.:**	
Date of Employment:				
Position Title:			**Annual Salary:**	**$**
Employment is:	**Permanent**	**Temporary**	**Seasonal**	**Other (indicate)**
(check one)	☐	☐	☐	☐

Remarks (optional): _____

_____

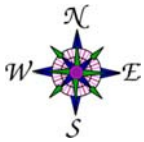
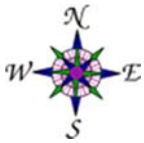
_____ Date

_____ *(Signature)*
Authorized Personnel
Human Resources Representative

MAP – Veterans Loan Program

APPLICANT'S NAME: _____

Draw a detailed map to your home (residence); including your rural address number. Please be specific and make it complete as you can:



Draw a detailed map to your place of employment (Description):