



BNA FEDERAL CREDIT UNION

1801 S. Bell St., Arlington, VA 22202
Tel No. (703) 341-1677 Fax (703) 341-1677

LIST OF INFORMATION NEEDED TO COMPLETE BNA CREDIT UNION AUTO LOAN APPLICATION

1. **LOAN APPLICATION/PROCESSING FEE is \$25.00.** This fee is due upon submission of the loan application form.
2. Fill out front and back of the auto loan application
3. Make sure all **questions** are answered **completely**
4. **Sign** and date the application
5. Make sure other creditors name and accounts numbers are on all outstanding debts
6. A photocopy of your **DRIVER'S LICENSE IS REQUIRED.**
7. A photocopy of your recent **PAYCHECK STUB IS REQUIRED.**
8. A copy of the **DEALER'S INVOICE**

**** For further assistance, speak with one of the credit union staff.**



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REFER TO CU BD. OF DIR.

THE PROCESSING OF THIS APPLICATION WILL BE DELAYED IF NOT SIGNED OR IF ALL QUESTIONS ARE NOT COMPLETED. PREPARE IN INK OR BY TYPEWRITER ONLY.

APPLICATION FOR AUTOMOBILE LOAN

TO BE COMPLETED BY LOAN APPLICANT

Name _____ Date _____

Account # _____

I hereby apply for a loan as follows:

Amount of money requested: \$ _____ Term requested _____ years

INDIVIDUAL CREDIT

JOINT CREDIT

TO BE COMPLETED BY LOAN OFFICER

Total Payments: _____

Old Loan Balance (if any) \$ _____

Amount Financed: \$ _____

Accrued Finance Charge (Interest Due) \$ _____

Finance Charged: \$ _____

Total New Loan \$ _____ To Be Repaid In \$ _____

Payments of \$ _____

Including/Plus Interest Starting On _____

Last Payment of \$ _____

TO BE COMPLETED BY LOAN APPLICANT

Information Regarding Applicant:

Full Name: _____ Birth Date: _____ Social Security No. _____

Street Address: _____ City _____ State _____ Zip Code _____ Years There _____

Home Phone: _____ Business Phone _____ Driver's License No. _____

Present Employer _____ Date of Hire _____

Position or Title _____ Supervisor _____

Employer's Address: _____ City _____ State _____ Zip Code _____

Dependents (exclude self) _____ Ages _____

Name of Nearest Relative Not Living With You _____ Relationship _____

Address: _____ City _____ State _____ Zip Code _____

Annual Gross Salary \$ _____ Monthly Take Home \$ _____

Other Income \$ _____ per month/year Source(s) _____ How Long? _____

***(Alimony, child support or separate maintenance income need not be revealed, if you do not wish to have it considered as a basis for repaying this loan.)**

Is any income listed likely to be reduced before this loan is paid off? No Yes If Yes, explain _____

Information Regarding Co-Applicant:

Relationship to Applicant _____

Full Name: _____ Birth Date: _____ Social Security No. _____

Street Address: _____ City _____ State _____ Zip Code _____ Years There _____

Home Phone: _____ Business Phone _____ Driver's License No. _____

Present Employer _____ Date of Hire _____

Position or Title _____ Supervisor _____

Employer's Address: _____ City _____ State _____ Zip Code _____

Annual Gross Salary \$ _____ Monthly Take Home \$ _____

TO BE COMPLETED BY LOAN APPLICANT

Share Draft/Checking Account No. _____ Where _____

Share Draft/Savings Account No. _____ Where _____

If Present Residence is less than 2 years, complete next line:

Previous Street Address _____ City _____ State _____ Zip Code _____

OUTSTANDING DEBTS (List everything, attach another sheet if necessary)

Creditor Name	Date of Loan	Original Debt	Present Balance	Monthly Payment	Past Due? Yes/No
<u>Rent/Mortgage</u>					
<u>Auto Loan</u>					
<u>Credit Union</u>					
<u>Credit Card</u>					
<u>Credit Card</u>					
<u>Credit Card</u>					
<u>Bank Loan</u>					
<u>Other</u>					
<u>Other</u>					
Totals					

Are there any other persons obligated on any of the above debts? No Yes

Which loans and who? _____

Are you a co-maker, co-signer or guarantor on any other debt? No Yes

For whom? _____ To Whom? _____

Have you been declared bankrupt in the last 10 years? No Yes



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REQUIRED AUTOMOBILE INFORMATION

Automobile to be titled in the name(s) of:

State in which the vehicle will be registered _____

Name of Auto Dealer _____

Dealer's Address _____ City _____

State _____ Zip Code _____ Phone _____

Name of Auto Insurance Company _____ Name of Agent _____

Address _____ City _____

State _____ Zip Code _____ Phone _____

Policy No. _____ Exp Date _____ Type of Coverage _____

Everything that I have stated in this application is correct to the best of my knowledge. I authorize BNA Federal Credit Union to check my credit record and to verify my credit, employment and income references, and to answer questions about your credit experience with me. I understand that additional information may be requested to complete this application.

Signature of Applicant _____ Date _____

Signature of Co-applicant _____ Date _____

CREDIT COMMITTEE ACTION (To be completed by Credit Committee)

Meeting Date _____

We approve the loan as submitted We reject the loan as submitted

Amount approved \$ _____ Term _____ yrs Rate _____ %

Downpayment required? _____ Amount \$ _____ %

Specific reason(s) for Rejection or Downpayment

Requirement _____

Outside information considered? No Yes Describe _____

Referred to CU Board of Directors. Reason _____

Credit Committee:

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Board of Directors:

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

ECOA notice and reason for rejection sent or delivered on _____ Signed _____