

BNA FEDERAL CREDIT UNION

1801 S. Bell St., Arlington, VA 22202 Tel No. (703) 341-3044 Fax (703) 341-1677

LIST OF INFORMATION <u>NEEDED</u> TO COMPLETE BNA CREDIT UNION AUTO LOAN APPLICATION

- 1. LOAN APPLICATION/PROCESSING FEE is \$25.00. This fee is due upon submssion 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**
- ** As of 08.21.2014, Identity of the loan applicant are no longer disclosed to the members of the credit committee. Only the credit union employees will know the identity of the member applying for the loan.
- ** For further assistance, speak with one of the credit union staff.



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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

(Information provided on this page will be confidential to credit union employees only)

Name	Date				
Member Number:					
Street Address:	City	State	Zip Code	Years There	
Home Phone:	Business Phone		Email Addre	ess	
	If Present Residence is less	than 2 years, con	nplete next line:		
Previous Street Address	City		State	Zip Code	
Present Employer			Date of Hire		
Position or Title			Supervisor		
Employer's Address:	City		State	Zip Code	
Dependents (exclude self)			Ages _		
			Relationship		
Address:	City		State	Zip Code	
Phone Number					
Share Draft/Checking Account No.			Where		
Share Draft/Savings Account No.			Where		
*************	***********	******	*********	************	
Information Regarding Co-Applicar	<u>nt:</u>				
Relationship to Applicant					
Full Name:	Birth Date	:	Social Secu	rity No.	
Street Address:	City	State	Zip Code	Years There	
Home Phone:	Business Phone		Driver's Lice	ense No.	
Present Employer			Date of Hire	•	
Position or Title			Supervisor		
Employer's Address:	City		State	Zip Code	
Annual Gross Salary \$			Monthly Take Home	\$	

REQUIRED AUTOMOBILE INFORMATION

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

State in which the vehicle will be registe	ered	
Name of Auto Dealer		
Doglaria 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
************	************	***************************************
, .	mployment and income references, o	knowledge. I authorize BNA Federal Credit Union to check my and to answer questions about your credit experience with me. application.
Signature of Applicant		Date
Signature of Co-applicant		Date

TO BE COMPLETED BY LOAN APPLICANT

Member Number:		Last 4 Digits of SSN:					
I hereby apply for a loan as follows: Amount of money requested: INDIVIDUAL CREDIT JOINT CREDIT							
Salary \$ Other Income \$ *(Alimony, child support or separate maintenants any income listed likely to be reduced by	per m	onth/year Source revealed, if you do n	ce(s) of wish to have it consider	dered as a basis for re	epaying this loan.)		
	C	OUTSTANDING DEBTS					
Creditor Name Rent/Mortgage	Date of Loan	Original Debt	Present Balance	Monthly Payment	Past Due? Yes/No		
<u>Auto Loan</u>							
<u>Credit Union</u>							
<u>Credit Card</u>							
<u>Credit Card</u>							
Totals							
			Yes				
Are you a co-maker, co-signer or guarant For whom?	or on any other del	ot? No To Whom	☐ Yes				
Have you been declared bankrupt in the last 10 years?			□ Yes				
***********************************	*********	*********	********	*******	*******		
	TO BE CO	MPLETED BY LOAN C	DFFICER				
Old Loan Balance (if any) Accrued Finance Charge (Interest Due)	\$ \$		Tc Ar Fir	terest Rate: otal Payments: mount Financed: nance Charged:	\$\$ \$\$		
Total New Loan \$ Including/Plus Interest Starting On	To Be Repaid In	\$	Payments of Last Payme	-			
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CREDIT COMMITTEE ACTION (To be completed by Credit Committee)

Credit Committee Meeting Date:				
☐ We approve the loan as sub	mitted	We reject the loan as submitted	l	
Amount approved \$ Downpayment required? Specific reason(s) for Rejection		Term yrs Amount \$		
Requirement				
Outside information considered?				
Credit Committee:		Board of Directors:		
Signed:	Date:	Signed:		Date:
Signed:	Date:	Signed:		Date:
Signed:	Date:	Signed:		Date:
☐ ECOA notice and reason for rejection	sent or delivered on		Signed	