

**FEDERATED EMPLOYEES CREDIT UNION**

1929 S. Cedar Ave.  
 Owatonna, MN 55060  
 Phone: (507) 455-5430 Fax: (507) 455-8827

**CREDIT APPLICATION**

|                            |                               |      |
|----------------------------|-------------------------------|------|
| ACCOUNT NUMBER - APPLICANT | ACCOUNT NUMBER - CO-APPLICANT | DATE |
|----------------------------|-------------------------------|------|

**Applicant Information**

PRINT OR TYPE ALL INFORMATION

1. If You live in a community property state, are You:
  - Married
  - Separated
  - Unmarried (Includes Single, Divorced and Widowed)
2. Married applicants can apply for individual credit. Indicate if You would like:
  - Individual Credit
  - Joint Credit with Your Spouse
  - Joint Credit with another
3. Method of Payment:
  - Payroll Deduction
  - Automatic Share Transfer
  - Cash Payment
4. Frequency of Payment:
  - Semi-Monthly
  - Monthly

**Spouse/Co-Applicant Information**

5. Complete Spouse/Co-Applicant information only if any of the following apply:
  - a. This is for joint credit with Your Spouse or other Co-Applicant.
  - b. Your Spouse will use Your Account.
  - c. You're relying on Your Spouse's income as a source of repayment for the credit requested.
  - d. You live in a community property state: Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, Wisconsin (or Puerto Rico).
6. Definitions  
 Whenever used in this application, the words You and Your refer to the applicant(s), and the words We, Us, and Our refer to the Lender.

**Credit Applied For:**

Type of Credit Requested: \_\_\_\_\_ Loan Amount/Credit Limit Desired: \$ \_\_\_\_\_ Refinanced Amount: \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

Security Offered: \_\_\_\_\_

|   |         |         |                     |
|---|---------|---------|---------------------|
| Description (Year, Make, Model & Style) | Options | Mileage | Salvaged or Rebuilt |
|---|---------|---------|---------------------|

Vehicle Identification or Serial Number \_\_\_\_\_ Name(s) Security Titled Or To Be Titled In \_\_\_\_\_

**APPLICANT**

|   |                              |                   |
|---|------------------------------|-------------------|
| FIRST NAME  | INITIAL                      | LAST NAME         |
| SOCIAL SECURITY NUMBER  | DRIVERS LICENSE NUMBER/STATE | BIRTHDATE         |
| CURRENT STREET ADDRESS  | YEARS                        |                   |
| CITY  | STATE                        | ZIP               |
| FORMER ADDRESS  | YEARS THERE                  |                   |
| DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD | HOME TELEPHONE               | NO. OF DEPENDENTS |
| AGES OF DEPENDENTS  |                              |                   |
| NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU                                   |                              |                   |
| NAME, ADDRESS AND TELEPHONE OF NEAREST PERSONAL REFERENCE NOT LIVING WITH YOU                         |                              |                   |

**SPOUSE/CO-APPLICANT**

|   |                              |                   |
|---|------------------------------|-------------------|
| FIRST NAME  | INITIAL                      | LAST NAME         |
| SOCIAL SECURITY NUMBER  | DRIVERS LICENSE NUMBER/STATE | BIRTHDATE         |
| CURRENT STREET ADDRESS  | YEARS                        |                   |
| CITY  | STATE                        | ZIP               |
| FORMER ADDRESS  | YEARS THERE                  |                   |
| DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD | HOME TELEPHONE               | NO. OF DEPENDENTS |
| AGES OF DEPENDENTS  |                              |                   |
| NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU                                   |                              |                   |
| NAME, ADDRESS AND TELEPHONE OF NEAREST PERSONAL REFERENCE NOT LIVING WITH YOU                         |                              |                   |

**EMPLOYMENT AND INCOME** If self-employed or retired, attach financial statement or last 2 years income tax returns.

|  |                 |
|--|-----------------|
| CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE) | EMPLOYMENT DATE |
| ADDRESS/CITY/STATE/ZIP                                 |                 |
| WORK TELEPHONE   | POSITION        |
| MONTHLY GROSS INCOME \$                                |                 |
| FORMER EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)  | YEARS THERE     |
| ADDRESS/CITY/STATE/ZIP                                 |                 |
| WORK TELEPHONE   | POSITION        |
| MONTHLY GROSS INCOME \$                                |                 |

|  |                 |
|--|-----------------|
| CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE) | EMPLOYMENT DATE |
| ADDRESS/CITY/STATE/ZIP                                 |                 |
| WORK TELEPHONE   | POSITION        |
| MONTHLY GROSS INCOME \$                                |                 |
| FORMER EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)  | YEARS THERE     |
| ADDRESS/CITY/STATE/ZIP                                 |                 |
| WORK TELEPHONE   | POSITION        |
| MONTHLY GROSS INCOME \$                                |                 |

**OTHER INCOME** You need not list income from alimony, child support or separate maintenance payments unless You want it considered in evaluating this credit application.

|                             |                   |
|-----------------------------|-------------------|
| TYPE/SOURCE OF OTHER INCOME | MONTHLY AMOUNT \$ |
| TYPE/SOURCE OF OTHER INCOME | MONTHLY AMOUNT \$ |

|                             |                   |
|-----------------------------|-------------------|
| TYPE/SOURCE OF OTHER INCOME | MONTHLY AMOUNT \$ |
| TYPE/SOURCE OF OTHER INCOME | MONTHLY AMOUNT \$ |

**ASSETS AND DEPOSITS** Attach a separate sheet if necessary.

| PLEASE CHECK<br>A   C |  | DESCRIBE TYPE OF REAL ESTATE OWNED, AUTOMOBILES, DEPOSIT ACCOUNTS, RETIREMENT FUNDS, ETC. | BANK (OR OTHER) NAME, ADDRESS<br>(applicable to deposit accounts and retirement funds) | A=Applicant C=Spouse/Co-Applicant |   |
|-----------------------|--|---|--|-----------------------------------|---|
|                       |  |   |  | CASH OR MARKET VALUE              | BALANCE OWED (if applicable) NET MARKET VALUE |
|                       |  |   |  |                                   |   |
|                       |  |   |  |                                   |   |
|                       |  |   |  |                                   |   |
|                       |  |   |  |                                   |   |
|                       |  |   |  |                                   |   |
|                       |  |   |  |                                   |   |

