

FEDERATED EMPLOYEES CREDIT UNION

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

HOME EQUITY CREDIT APPLICATION

Account Number
Loan Number
State
Zip

PROPERTY SECURING YOUR LOAN

Property Street Address	City	County	State	Zip
Property Type: <input type="checkbox"/> Single Family Home <input type="checkbox"/> Condominium <input type="checkbox"/> Townhouse <input type="checkbox"/> Other _____				
Type of Credit Applied for: <input type="checkbox"/> Home Equity Line of Credit <input type="checkbox"/> Home Equity Loan			Purpose	
Amount Requested	Term (Closed-End Only)	When Purchased	Present Market Value	Marital Status
\$				<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated

APPLICANT **CO-SIGNER**

CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER	BIRTH DATE	E-MAIL ADDRESS
CURRENT STREET ADDRESS	YEARS	
CITY	COUNTY	
STATE	ZIP	DRIVER'S LICENSE NUMBER/STATE
FORMER ADDRESS (COMPLETE IF CURRENT ADDRESS IS LESS THAN 2 YEARS)		NUMBER OF YEARS
HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENT(S)
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP
TELEPHONE:		

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER	BIRTH DATE	E-MAIL ADDRESS
CURRENT STREET ADDRESS	YEARS	
CITY	COUNTY	
STATE	ZIP	DRIVER'S LICENSE NUMBER/STATE
FORMER ADDRESS (COMPLETE IF CURRENT ADDRESS IS LESS THAN 2 YEARS)		NUMBER OF YEARS
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NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP
TELEPHONE:		

EMPLOYMENT AND INCOME If self-employed check here and attach 2 years federal income tax returns.

CURRENT EMPLOYER	SINCE	
ADDRESS		
WORK TELEPHONE	POSITION	GROSS MO. SALARY
		\$
FORMER EMPLOYER (if current employer is less than 5 years)	POSITION	YEARS THERE

CURRENT EMPLOYER	SINCE	
ADDRESS		
WORK TELEPHONE	POSITION	GROSS MO. SALARY
		\$
FORMER EMPLOYER (if current employer is less than 5 years)	POSITION	YEARS THERE

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.

SOURCE OF OTHER INCOME	MONTHLY AMOUNT
	\$
NAME AND ADDRESS OF PAYER	NO. OF YEARS RECEIVED

SOURCE OF OTHER INCOME	MONTHLY AMOUNT
	\$
NAME AND ADDRESS OF PAYER	NO. OF YEARS RECEIVED

ASSETS AND DEPOSITS Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME, ADDRESS	ACCOUNT NUMBER	APPROX. BALANCE
Checking			
Savings			
Other			
CAR 1 - YR. - MAKE - MODEL	APPROXIMATE VALUE		
	\$		
CAR 2 - YR. - MAKE - MODEL	APPROXIMATE VALUE		
	\$		
PLEASE INDICATE NAME(S) ON DEED	PURCHASE PRICE	APPROXIMATE VALUE	
	\$	\$	
HOMEOWNERS INSURANCE COMPANY	YEARLY PREMIUM		

TYPE	BANK (OR OTHER) NAME, ADDRESS	ACCOUNT NUMBER	APPROX. BALANCE
Checking			
Savings			
Other			
CAR 1 - YR. - MAKE - MODEL	APPROXIMATE VALUE		
	\$		
CAR 2 - YR. - MAKE - MODEL	APPROXIMATE VALUE		
	\$		
PLEASE INDICATE NAME(S) ON DEED	PURCHASE PRICE	APPROXIMATE VALUE	
	\$	\$	
HOMEOWNERS INSURANCE COMPANY	YEARLY PREMIUM		

