



How to Apply

An incomplete or unassigned application may delay processing

- Complete front and back of application
- Sign on back page
- Return completed application to Fedmont

Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if:

1. You live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI)
 2. Your spouse will use the account, or
 3. You rely on your spouse's income for repayment. If you rely on income from alimony, child support, or separate maintenance, complete the Other section to the extent possible about the person on whose payments you rely.
- Joint Credit: Each applicant must complete the appropriate section, and if the co-borrower is the applicant's spouse, mark the co-applicant box. If you are the guarantor on an account or loan, complete the Other section.

Check the type of credit requested. Married applicants may apply for a separate account.

FedLoan: Individual Joint Amount Requested \$ _____ Purpose/Collateral: _____
(including ATM/Debit card access to the account if available)

Repayment: Payroll Deduction Cash Military Allotment Automatic Payment

Payment Protection: Single Credit Disability Insurance Single Credit Life Insurance
 Joint Credit Life Insurance Check coverage desired. Fedmont will disclose the cost of this voluntary insurance with you. You must sign a separate insurance election which discloses the terms and conditions for the coverage to become effective.

APPLICANT				OTHER: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor			
Name (Last – First – Initial)				Name (Last – First – Initial)			
Account Number		Social Security Number		Account Number		Social Security Number	
Driver's License Number / State		Birth Date MM/DD/YYYY		Driver's License Number / State		Birth Date MM/DD/YYYY	
Home Phone		Business Phone		Home Phone		Business Phone	
E-Mail Address				E-Mail Address			
Present Address (Street – City – State – Zip)			<input type="checkbox"/> Own <input type="checkbox"/> Rent Years at address	Present Address (Street – City – State – Zip)			<input type="checkbox"/> Own <input type="checkbox"/> Rent Years at address
Previous Address (Street – City – State – Zip)			<input type="checkbox"/> Own <input type="checkbox"/> Rent Years at address	Previous Address (Street – City – State – Zip)			<input type="checkbox"/> Own <input type="checkbox"/> Rent Years at address
Employment Income Name and address of employer				Employment Income Name and address of employer			
Title/Grade		Start Date	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Title/Grade		Start Date	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Supervisor Name & Phone		If Self Employed, Business Type		Supervisor Name & Phone		If Self Employed, Business Type	
NOTE: Alimony, child support, or separate maintenance income need not be included if you do not choose to have it considered.				NOTE: Alimony, child support, or separate maintenance income need not be included if you do not choose to have it considered.			
Employment Income		Other Income		Employment Income		Other Income	
\$ _____ per _____		\$ _____ per _____		\$ _____ per _____		\$ _____ per _____	
Previous employer Name and Address if Employed less than 5 yrs Start Date				Previous employer Name and Address if Employed less than 5 yrs Start Date			
_____ End Date				_____ End Date			

Applicant Reference		Relationship	Other Reference		Relationship
Name and address		_____	Name and address		_____
Of nearest		Home Phone	Of nearest		Home Phone
Relative not			Relative not		
Living with you			Living with you		
What You Owe	Creditor Name other than Fedmont (attach additional sheets if necessary)	Present Balance	Monthly Payment	Owed by	
				Applicant	Other
<input type="checkbox"/> Rent <input type="checkbox"/> First Mortgage (include tax & insurance)					
2 nd Mortgage					
1 st Auto loan					
2 nd Auto loan					
Child-Care					
Child Support					
Credit Card					
Credit Card					
Other					
Other					
List any names under which your credit references and credit history can be checked		Totals			
What You Own	Property Location or Financial Institution	Market Value	Pledged as Collateral for Another Loan	Owned By	
				Applicant	Other
Home			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Auto			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Checking			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (describe)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Information About You	If you answer yes to any question other than #1, explain on an attached sheet	Applicant		Other	
1. Are you a U.S. citizen or permanent resident alien?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you currently have outstanding judgments or have you ever filed for bankruptcy, had a debt adjustment plan confirmed under Chapter 13, had property foreclosed upon or repossessed in the last 7 years or been a party in a lawsuit?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is your income likely to decline in the next two years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you a co-maker, co-signer, or guarantor on any loan not listed above? For whom (Name on loan)	To whom (Name of Creditor)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURES					
You promise that everything you have stated in this application is correct to best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes, you will notify us in writing immediately. You authorize Fedmont to obtain credit reports in connection with this application for credit and for any update, renewal, or extension of the credit received. You understand that Fedmont Federal Credit Union will			rely on the information in this application and your credit report to make its credit decision. If you request, Fedmont will tell you the name and address of any credit bureau from which it received a credit report on you. It is a Federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to Federal credit unions or state chartered credit unions insured by NCUA.		
Applicant's Signature		Date	Other Signature		Date
For Fedmont Federal Credit Union Use Only					
Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (Adverse Action Notice Sent)	Approved Signature Limits	Line of Credit	Other	Other
		\$	\$	\$	\$
Debt Ration/Score Before After					
Loan Officer Comments					
Signature		Date	Signature		Date