



TVA Reservation
Muscle Shoals, AL 35662-1010
(256) 386-3000
Fax (256) 248-0691

LOAN APPLICATION

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.

Individual Credit: Complete **Applicant** sections if only the applicant's income is considered for loan approval. Complete **Applicant** and **Co-Applicant** sections: (1) if you are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of credit requested, or; (2) if you reside in a Community Property State, or; (3) if you are relying on property located in a Community Property State as a basis for repayment of the credit requested. Community Property States include: AK, AZ, CA, ID, LA, NM, NV, TX, WA, and WI.

Joint Credit: Complete **Applicant** and **Co-Applicant** sections if your co-applicant will be contractually liable for repayment of the loan and initial below:

We intend to apply for joint credit. _____ (Applicant Initials) _____ (Co-Applicant Initials)

PLEASE CHECK BELOW TO INDICATE THE TYPE OF ACCOUNT(S) AND TYPE OF CREDIT FOR WHICH YOU ARE APPLYING.

Account/Loan: Individual Joint
(Including ATM/Debit Card Access to the Account if Available) Amount Requested \$ _____

Purpose/Collateral: _____ Other Loan Request: _____

Repayment: Payroll Deduction Billing Notice Automatic Payment Web Pay Other

APPLICANT				<input type="checkbox"/> CO-APPLICANT		<input type="checkbox"/> NON-APPLICANT SPOUSE/OTHER		<input type="checkbox"/> GUARANTOR							
LAST NAME		FIRST NAME		MIDDLE INITIAL		LAST NAME		FIRST NAME		MIDDLE INITIAL					
ACCOUNT NUMBER				SOCIAL SECURITY NUMBER				ACCOUNT NUMBER				SOCIAL SECURITY NUMBER			
DATE OF BIRTH		HOME PHONE NUMBER		BUSINESS PHONE NO./EXT.		DATE OF BIRTH		HOME PHONE NUMBER		BUSINESS PHONE NO./EXT.					
DRIVER'S LICENSE NUMBER AND STATE				MOTHER'S MAIDEN NAME				DRIVER'S LICENSE NUMBER AND STATE				MOTHER'S MAIDEN NAME			
PRESENT ADDRESS (Street, City, State, Zip)						<input type="checkbox"/> OWN <input type="checkbox"/> RENT		PRESENT ADDRESS (Street, City, State, Zip)						<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
HOW LONG?								HOW LONG?							
PREVIOUS ADDRESS (Street, City, State, Zip)						<input type="checkbox"/> OWN <input type="checkbox"/> RENT		PREVIOUS ADDRESS (Street, City, State, Zip)						<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
HOW LONG?								HOW LONG?							
PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.						<input type="checkbox"/> MARRIED (WA and CA Only: includes registered domestic partners)		PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.						<input type="checkbox"/> MARRIED (WA and CA Only: includes registered domestic partners)	
<input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)								<input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)							
LIST AGES OF DEPENDENTS NOT LISTED BY CO-APPLICANT (Exclude Self)								LIST AGES OF DEPENDENTS NOT LISTED BY CO-APPLICANT (Exclude Self)							

EMPLOYMENT/INCOME INFORMATION

PRESENT EMPLOYER'S NAME AND ADDRESS						PRESENT EMPLOYER'S NAME AND ADDRESS					
OCCUPATION			SUPERVISOR			OCCUPATION			SUPERVISOR		
DATE EMPLOYED		WORK PHONE/EXT.		IF SELF EMPLOYED, TYPE OF BUSINESS		DATE EMPLOYED		WORK PHONE/EXT.		IF SELF EMPLOYED, TYPE OF BUSINESS	
PREVIOUS EMPLOYER'S NAME AND ADDRESS				START DATE		PREVIOUS EMPLOYER'S NAME AND ADDRESS				START DATE	
				ENDING DATE						ENDING DATE	
EMPLOYMENT GROSS INCOME			\$ PER			EMPLOYMENT GROSS INCOME			\$ PER		
OTHER INCOME NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.						OTHER INCOME NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.					
OTHER INCOME						OTHER INCOME					
\$		PER		SOURCE		\$		PER		SOURCE	
\$		PER		SOURCE		\$		PER		SOURCE	
\$		PER		SOURCE		\$		PER		SOURCE	

REFERENCE

NAME AND ADDRESS OF RELATIVE NOT LIVING WITH YOU			RELATIONSHIP			NAME AND ADDRESS OF RELATIVE NOT LIVING WITH YOU			RELATIONSHIP		
			PHONE NUMBER						PHONE NUMBER		
NAME AND ADDRESS OF A PERSONAL REFERENCE NOT RELATED TO YOU						NAME AND ADDRESS OF A PERSONAL REFERENCE NOT RELATED TO YOU					
						PHONE NUMBER					

STATE NOTICES

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS: Marital Status: Married Unmarried Legally Separated

If married: the name of my spouse is _____

Spouse's SSN: _____ Spouse's Address (if different) _____

Notice: No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened.

MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT: By signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s).

X _____

LOAN APPLICATION SIGNATURES

PLEASE READ BEFORE SIGNING:

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved, I agree to honor the provisions of the credit or loan agreement and security agreement covering my account or loan. (If this application is for two of us, this statement applies to both of us.)

Credit Report Authorization. By signing this Application, I authorize you to obtain my credit report for the purposes of evaluating this application and to obtain subsequent credit reports on an on-going basis in connection with this transaction, and for all other legitimate purposes, such as reviewing my accounts or taking collection action on the account.

Vermont Residents: Applicant provided consent via phone _____ (Credit Union Initials)

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying information.

SIGNATURE OF APPLICANT	DATE
X	

SIGNATURE OF CO-APPLICANT	DATE
X	

HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

FOR CREDIT UNION USE ONLY							
DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <small>(Adverse Action Notice sent)</small>	APPROVED LIMITS:	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO/SCORE BEFORE AFTER
			\$	\$	\$	\$	%
LOAN OFFICER COMMENTS:							
SIGNATURES							
X				X			
DATE				DATE			