



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



Master Application

Must be Completed in Ink.

**NOTICE TO MARRIED APPLICANTS:
 YOU HAVE THE RIGHT TO APPLY FOR A SEPARATE ACCOUNT IN YOUR NAME.**

I/We Would Like a Loan of		Account Number
For the Following Purpose		Security Offered

CHECK TYPE OF CREDIT REQUESTED

Individual Credit: Complete sections A, B, D, and E if only the applicant's income is considered for loan approval. Complete sections A, B, C, D, and E (1) if your co-applicant's income is also considered for loan approval, 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 sections A, B, C, D, and E 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)

APPLICANT'S PERSONAL INFORMATION

A

PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.

Married Unmarried Separated

Last Name		First Name		Initial
Present Street Address	City	State	Zip	How Long?
Previous Street Address (If present address less than two years)	City	State	Zip	How Long?
Social Security Number	Date of Birth	Home Phone Number	Driver's License Number and State	Ages of Dependents

INFORMATION REGARDING APPLICANT

B

Present Employer's Name and Address		City	State	Zip	Date Employed
Occupation	Supervisor's Name		Work Phone & Extension		
Previous Employer's Name and Address	City	State	Zip	How Long?	Occupation
Real Estate Owned and Address (Include Home)				Date Purchased	Purchase Price
					\$
OTHER INCOME NOTICE: Do not list alimony, child or spousal support or separate maintenance payments unless you wish them considered as a basis for repayment of the credit requested. If listed, verification may be requested.			Source of Other Income	Amount	Total Monthly Income
				\$	\$

INFORMATION REGARDING: [] CO-APPLICANT [] NON-APPLICANT SPOUSE/OTHER [] GUARANTOR

C

Last Name	First Name	Initial	Date of Birth	Social Security Number
Street Address	City	State	Zip	Home Phone Number
Present Employer's Name and Address		City	State	Zip
				Date Employed
Occupation	Supervisor's Name		Work Phone & Extension	
OTHER INCOME NOTICE: Do not list alimony, child or spousal support or separate maintenance payments unless you wish them considered as a basis for repayment of the credit requested. If listed, verification may be requested.			Source of Other Income	Amount
				\$
			Total Monthly Income	\$

LIST ALL EXISTING DEBTS OF APPLICANT (and Co-Applicant or Non-Applicant Spouse/Other if any part of section C is applicable)

D

Applicant	Co-Applicant	Name and Address of Creditor	Purpose or Account No.	Original Amount	Present Balance	Monthly Payment
		SEE ATTACHED		\$	\$	\$
				\$	\$	\$
				\$	\$	\$
		List Alimony, Child Support or Child Care Paid Monthly				\$

Do Not Omit Any Debts! If More Space is Needed, Use Page 2 or Separate Sheet. Incomplete Applications Cannot Be Processed.

Total Monthly Obligations \$

If you Answer "Yes" to Any of These Questions, Provide Details on Page 2.

Are any of your debts past due? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had your Auto, Furniture or Property repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or your Co-Applicant ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently a Co-Maker, Endorser or Guarantor on a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
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CONTINUE APPLICATION ON PAGE 2 - SIGN PAGE 2 OF THE APPLICATION BEFORE SUBMITTING.

E

FINANCIAL INFORMATION AND REFERENCES

Name of Bank or Other Financial Institution		City	State	Zip	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	
Name of Relative Not Living with You	Name (Last, First, Initial)	Present Address	City	State	Zip	Phone Number
Relationship						Phone Number
Personal Reference Not Related to You	Name (Last, First, Initial)	Present Address	City	State	Zip	Phone Number

SIGNATURES

LOAN APPLICATION SIGNATURES

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a crime to knowingly make a false statement on this application. You have my permission to verify any information contained in this application from any source named in this application. You may retain this application even if not approved. I understand that you may receive information from others about my credit history 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 Home Equity Credit Line Agreement and Truth-in-Lending Disclosure Statement covering my loan. (If this application is for two of us, this statement applies to both of us.)

I acknowledge receipt of a copy of the HomeEquity Credit Plan Predisclosures and Handbook entitled "What You Should Know About Home Equity Lines of Credit."

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.

Permission to contact: By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including autodialed and prerecorded message calls, from the credit union or its third party debt collector at that number.

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 Applicant (Where Applicable)	Date
X	

Have you omitted anything? Remember: Incomplete applications cannot be processed.

COMMENTS

ADDITIONAL COMMENTS

CREDIT UNION

FOR CREDIT UNION USE ONLY

Loan Officer:	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	<input type="checkbox"/> Referred to Credit Committee
Reason			
Loan Officer's Signature			Date
X			
Credit Committee:	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	
Reason			
Credit Committee's Signatures	Date	Date	Date
X		X	X
ECOA Notice Sent or Delivered on			By