



(A) APPLICANT INFORMATION			(B) CO-APPLICANT INFORMATION		
FULL NAME-Last, First, Middle		No. Dependents: _____ List ages: _____	FULL NAME-Last, First, Middle		No. Dependents: _____ List ages: _____
BIRTHDATE:	SOCIAL SECURITY #		BIRTHDATE:	SOCIAL SECURITY #	
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)			MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)		
PRESENT STREET ADDRESS (5 Year Residence Required)			PRESENT STREET ADDRESS (5 Year Residence Required)		
CITY, STATE, ZIP CODE		COUNTY	CITY, STATE, ZIP CODE		COUNTY
HOW LONG AT PRESENT ADDRESS: _____ Years _____ Months		HOME PHONE # ( ) -	HOW LONG AT PRESENT ADDRESS: _____ Years _____ Months		HOME PHONE # ( ) -
Email Address:			Email Address:		
RESIDENTIAL STATUS? <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Parents <input type="checkbox"/> Other			RESIDENTIAL STATUS? <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Parents <input type="checkbox"/> Other		
PREVIOUS ADDRESS (if less than 5 years at present)		How Long: _____ Yrs _____ Mos.	PREVIOUS ADDRESS (if less than 5 years at present)		How Long: _____ Yrs _____ Mos.
<b>Applicant's Employment (Minimum 3 year History)</b>			<b>Co-Applicant's Employment (Minimum 3 year History)</b>		
EMPLOYER		PHONE ( ) -	EMPLOYER		PHONE ( ) -
EMPLOYER'S ADDRESS		TYPE OF BUSINESS	EMPLOYER'S ADDRESS		TYPE OF BUSINESS
POSTION	SUPERVISOR	DATE EMPLOYED	POSTION	SUPERVISOR	DATE EMPLOYED
GROSS SALARY/MTH	GROSS OTHER INCOME	SOURCE	GROSS SALARY/MTH	GROSS OTHER INCOME	SOURCE
PREVIOUS EMPLOYER		PHONE ( ) -	PREVIOUS EMPLOYER		PHONE ( ) -
CITY, STATE	POSITION	EMPLOYED FROM: ____ TO: _____	CITY, STATE	POSITION	EMPLOYED FROM: ____ TO: _____
<b>CREDIT REFERENCES AND PAYMENT OBLIGATIONS</b>					
COMBINED PAYMENTS FOR ALIMONY _____ CHILD SUPPORT _____					
HAVE EITHER OF YOU A BANKRUPTCY, REPOSSESSION, OR JUDEMENT IN THE LAST 10 YRS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
CHECKING ACCOUNT WITH			SAVINGS? TYPE <input type="checkbox"/> SAVINGS ACCT <input type="checkbox"/> 401K <input type="checkbox"/> RETIREMENT PENSION		
LAST VEHICLE, TRUCK, OR MOBILE HOME FINANCED BY			YEAR:	MTHLY PMT	PRESENT BAL
			MAKE:		
			MODEL:		
<b>APPLICANT'S RELATIVE</b>			<b>CO-APPLICANT'S RELATIVE</b>		
NEAREST REALTIVE NOT LIVING WITH YOU		HOME PHONE # ( ) -	NEAREST REALTIVE NOT LIVING WITH YOU		HOME PHONE # ( ) -
RELATIONSHIP	ADDRESS		RELATIONSHIP	ADDRESS	
IN ADDITION TO YOUR MOBILE HOME, WHAT ELSE DO YOU WANT TO INCLUDE IN THIS LOAN?					
<input type="checkbox"/> Land <input type="checkbox"/> Home Improvements <input type="checkbox"/> Credit Card Consolidation <input type="checkbox"/> Home Owners Insurance <input type="checkbox"/> Other: _____					

**NOTICE**

The Federal Equal Opportunity Credit Act prohibits creditors from discriminating on the basis of sex or marital status. The Federal Agency, which administers compliance with the law concerning this retailer, is the Federal Trade Commission, Washington, D.C. 20580.

**VOLUNTARY INFORMATION FOR THE GOVERNMENT MONITORING PURPOSES**

If you are applying to finance a mobile home, which will secure credit and be occupied as your principle residence, the following information is requested by the Federal Government to monitor the creditor's compliance with the anti-discrimination laws, including the Equal Opportunity Law. The law provided that a creditor may neither discriminate on the basis of this information nor on whether or not it is furnished. Furnishing all or any part of this information is optional. If you choose not to provide this information, the law requires the creditor to note your race or national origins and sex on the basis of visual observation or surname. If you do not wish to furnish any of the following information, please initial below.

**APPLICANT**

I do not wish to furnish this information (initials): \_\_\_\_\_  
 White  Black  American Indian or Alaskan Native  Hispanic  
 Asian or Pacific Islander  Other  
SEX:  Male  Female

**CO-APPLICANT**

I do not wish to furnish this information (initials): \_\_\_\_\_  
 White  Black  American Indian or Alaskan Native  Hispanic  
 Asian or Pacific Islander  Other  
SEX:  Male  Female

By signing below, you give you permission to any financial institution listed below to investigate your credit and employment history and you authorize release of all credit-related information to those institutions. You also agree to inquire about the status of you credit application by contacting the financial institutions named above and understand that this application may be withdrawn if you do not inquire about its status within 30 days of this notice.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Additional Information Page**

Applicants Name: \_\_\_\_\_

Co-applicant's Name: \_\_\_\_\_

**Lender requires a minimum 3 years job history and 5 years residence history.**

**Additional Employment history**

Employer Name: \_\_\_\_\_

Employment: From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employment: From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

**Additional Residence history**

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Residence: From \_\_\_\_\_ to \_\_\_\_\_

Rent \$ \_\_\_\_\_ Landlord \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Residence: From \_\_\_\_\_ to \_\_\_\_\_

Rent \$ \_\_\_\_\_ Landlord \_\_\_\_\_

**Information on Manufactured Home & Site**

I want to:  Finance  Refinance

Home will be Owner Occupied:  Yes  No

Home Only  Land Home

New  Used

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Size \_\_\_\_\_ x \_\_\_\_\_

Sellers Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Physical Address Where Home will be Located: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_  Park  Private Property

Park Name \_\_\_\_\_ Park Phone # \_\_\_\_\_ Space Rent \$ \_\_\_\_\_

1. Cash Sales Price ..... \$ \_\_\_\_\_

2. Closing Fees ..... \$ \_\_\_\_\_

3. Sales Tax ..... \$ \_\_\_\_\_

*Total Sale Price* ..... \$ \_\_\_\_\_

4. Cash Down Payment ..... \$ \_\_\_\_\_

5. Sources of Cash Down

Cash on Hand  Gift-From Who \_\_\_\_\_  Other \_\_\_\_\_

6. Total Down Payment..... (\$ \_\_\_\_\_ )

7. **Amount to Finance** ..... \$ \_\_\_\_\_