

CREDIT APPLICATION

DATE _____ TIME _____
 SALESPERSON _____
 SALES CENTER _____

BUYER'S CREDIT INFORMATION If this is an INDIVIDUAL application, complete the information under SECTION (A). If this is a JOINT APPLICATION, COMPLETE BOTH SECTIONS (A) AND (B). NOTE: If married, the spouse is not required to be the JOINT applicant.

(A) APPLICANT INFORMATION				(B) CO-APPLICANT INFORMATION			
PRINT	LAST	FIRST	MIDDLE	PRINT	LAST	FIRST	MIDDLE
DATE OF BIRTH		SS#		DEPS.		AGES	
MARITAL STATUS		<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED (includes single, divorced, widowed)		<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED (includes single, divorced, widowed)		<input type="checkbox"/> SEPARATED	
STREET ADDRESS				STREET ADDRESS			
CITY		STATE		CITY		STATE	
HOW LONG AT ADDRESS		HOME PHONE		HOW LONG AT ADDRESS		HOME PHONE	
RESIDENTIAL STATUS		<input type="checkbox"/> HOME OWNER <input type="checkbox"/> OTHER		RESIDENTIAL STATUS		<input type="checkbox"/> HOME OWNER <input type="checkbox"/> OTHER	
MO. RENT OR MTG. PMT. 1				MO. RENT OR MTG. PMT. 1			
LANDLORD OR MORTGAGE HOLDER'S NAME		PHONE NO.		LANDLORD OR MORTGAGE HOLDER'S NAME		PHONE NO.	
PREV. (if less than 5 years at present address)		HOW LONG		PREV. (if less than 5 years at present address)		HOW LONG	
ADD				ADD			
DRIVERS LICENSE #				DRIVERS LICENSE #			

EMPLOYMENT							
EMPLOYER'S NAME		EMPLOYER'S CITY, STATE		EMPLOYER'S NAME		EMPLOYER'S CITY, STATE	
EMPLOYER'S BUSINESS		SUPERVISOR		EMPLOYER'S BUSINESS		SUPERVISOR	
SALARY \$		WORK PHONE		SALARY \$		WORK PHONE	
<input type="checkbox"/> NET <input type="checkbox"/> MONTH <input type="checkbox"/> BI-WEEKLY		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NET <input type="checkbox"/> MONTH <input type="checkbox"/> BI-WEEKLY		<input type="checkbox"/> NO <input type="checkbox"/> YES	
JOB TITLE OR OCCUPATION		HIRE DATE		JOB TITLE OR OCCUPATION		HIRE DATE	
PREV. (if less than 5 years with present employer)		EMPLOYED FROM TO		PREV. (if less than 5 years with present employer)		EMPLOYED FROM TO	
PREV. EMP. ADDRESS		PHONE NO.		PREV. EMP. ADDRESS		PHONE NO.	

OTHER INCOME NOTE: ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOMES DO NOT HAVE TO BE REVEALED UNLESS THE APPLICANT WISHES TO HAVE SUCH SOURCES CONSIDERED AS A BASIS FOR PREPAYMENT OF THE REQUESTED CREDIT.

(A) SOURCE OF OTHER INCOME		AMOUNT \$ MONTHLY		(B) SOURCE OF OTHER INCOME		AMOUNT \$ MONTHLY	
----------------------------	--	-------------------	--	----------------------------	--	-------------------	--

CREDIT REFERENCES

INDICATE RELATIONSHIP OR OWNERSHIP OF ACCOUNT BY X-ING THE APPROPRIATE LETTER A - APPLICANT B - CO-APPLICANT AND J-JOINT ACCOUNTS								
CHECKING ACCOUNT WITH (Name and Address)				PHONE NO.	A	B	J	ACCOUNT NO
SAVINGS ACCOUNT WITH (Name and Address)				PHONE NO.	A	B	J	ACCOUNT NO

LIST ALL OTHER OBLIGATIONS INCLUDING THE LIABILITY FOR PAYMENT OF ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE. BE SURE TO LIST ALL OPEN ACCOUNTS.

CREDITOR NAME AND ADDRESS			PHONE NO.	ACCOUNT NO.	CURR. BAL. (\$)	MO. PMT. (\$)
A <input type="checkbox"/>	B <input type="checkbox"/>	J <input type="checkbox"/>				
A <input type="checkbox"/>	B <input type="checkbox"/>	J <input type="checkbox"/>				
A <input type="checkbox"/>	B <input type="checkbox"/>	J <input type="checkbox"/>				
A <input type="checkbox"/>	B <input type="checkbox"/>	J <input type="checkbox"/>				
A <input type="checkbox"/>	B <input type="checkbox"/>	J <input type="checkbox"/>				
A <input type="checkbox"/>	B <input type="checkbox"/>	J <input type="checkbox"/>				

RELATIVE LIVING NEAREST APPLICANT NAME & ADDRESS		RELATIONSHIP	RELATIVE'S PHONE NO.
RELATIVE LIVING NEAREST APPLICANT NAME & ADDRESS		RELATIONSHIP	RELATIVE'S PHONE NO.

IF A "YES" ANSWER IS GIVEN IN A QUESTION IN THIS COLUMN EXPLAIN ON AN ATTACHED SHEET

1. HAVE YOU DECLARED BANKRUPTCY WITHIN THE PAST 10 YEARS? WHERE?	WHEN?	<input type="checkbox"/> NO <input type="checkbox"/> YES	A <input type="checkbox"/>	B <input type="checkbox"/>
2. HAVE YOU HAD ANY JUDGMENTS, REPOSSESSIONS, GARNISHMENTS OR OTHER LEGAL PROCEEDINGS FILED AGAINST YOU WITHIN THE PAST 7 YEARS?		<input type="checkbox"/> NO <input type="checkbox"/> YES	A <input type="checkbox"/>	B <input type="checkbox"/>
3. HAVE YOU EVER OBTAINED CREDIT UNDER ANY OTHER NAME(S)? NAME(S) USED:		<input type="checkbox"/> NO <input type="checkbox"/> YES	A <input type="checkbox"/>	B <input type="checkbox"/>
4. ARE YOU A CO-MAKER OR GUARANTOR ON A NOTE? FOR WHOM?	HOW MUCH?	<input type="checkbox"/> NO <input type="checkbox"/> YES	A <input type="checkbox"/>	B <input type="checkbox"/>
5. ARE YOU A PARTY IN A LAWSUIT?		<input type="checkbox"/> NO <input type="checkbox"/> YES	A <input type="checkbox"/>	B <input type="checkbox"/>

You are hereby provided the following: "Equal Credit Opportunity Act" as required under Sec. 202.4d, 12CFR. The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, and age, "provided the applicant has the capacity to enter into a binding contract" because all or part of applicants income derives from any public assistance program or because the applicant has in good faith exercised any right under the consumer credit protection act. The federal agency that administers compliance with this law concerning their credit is the Federal Trade Commission, 2001 Bryant St., Suite 2665, Dallas, Texas 75201.	The undersigned does certify that all information given to me on this statement is complete and accurate. By my signature below, I hereby give my permission for any Lending institution that has been disclosed to me in advance to investigate my credit history and I authorize release of all credit related information to those institutions.
Applicant's Signature	Date
Co-Applicant's Signature	Date

CONFORMING APPLICATION SUPPLEMENT

Buyer's Name: _____
 Physical Address: _____
 Mailing Address: _____

ASSETS:

Cash Deposits given on House and/or land: \$ _____
 Gift Funds From Relatives To Be Used to Purchase Land and Home: \$ _____

Stock and Bonds:

Company Names _____ Cash Value: \$ _____
 Life Insurance Net Cash Value: \$ _____
 Vested Interest in Retirement Fund: \$ _____
 Net Worth of Business Owned: \$ _____

Automobiles Owned:	Year Make and Value	Date Purchased
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Other Assets:

_____ \$ _____

If the answer is "yes" to any of the questions (1-5), explain on an attached sheet. Enter Y (yes) or N (no in both columns).	Applicant	Co-Applicant
DO YOU MAKE ANY PAST DUE OBLIGATIONS TO BE OR INSURED BY ANY AGENCY OF THE FEDERAL GOVERNMENT?		
HAVE YOU ANY OTHER APPLICATION FOR AN FHA TITLE. 1 – IMPROVEMENT LOAN PENDING AT THIS TIME?		
Do the undersigned intend to occupy the property as their primary residences?	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	

Do you currently own any Real Estate, including the property where the manufacturer home will be located, other land, etc.? (If yes, complete table below :)

	Prop. Address	Year acquired	Type Prop.	Original purchase price
Property #1	_____	_____	_____	_____
	Estimated Property Value	Loan Balance	Pmt. Amt.	Annual taxes
Property #1	_____	_____	_____	Annual Ins. Pre
	_____	_____	_____	_____
	_____	_____	_____	_____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

APPLICANT: <input type="checkbox"/> I do not wish to furnish this information	CO-APPLICANT: <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
To be completed by the interviewer. This application was taken by: <input type="checkbox"/> Face to Face Interviewer <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	