

Manufactured Home Finance Application

Applicant Information

Name:		Email:	
Date of Birth:	SSN:	Phone:	
Marital Status :	U=Unmarried	M=Married	S=Separated
Current address:			
City:	State:	ZIP Code:	
Own	Rent	(Check One)	Monthly payment: How long?
Previous address if less than 2 years:			
City:	State:	ZIP Code:	
Owned	Rented	(Check One)	Monthly payment: How long?

Employment Information-

Current employer:		Phone:	
Employer address:			How long?
City:	State:	ZIP Code:	
Position:	Gross Wages:	(Check One) Weekly Bi-Weekly Monthly	
Overtime:	Additional Income:	Source:	
Previous Employer if less than 2 Years:			
Employer Name:			How Long?
City:	State:	Zip Code:	Phone:

Co-applicant Information (Must Live In Home As Well)

Name:			
Date of Birth:	SSN:	Phone:	
Marital Status:	U=Unmarried	M=Married	S=Separated
Current address:			
City:	State:	ZIP Code:	
Own	Rent	(Check One)	Monthly payment: How long?
Previous address:			
City:	State:	ZIP Code:	
Owned	Rented	(Check One)	Monthly payment: How long?

Co-applicant Employment Information

Current employer:		Phone:	
Employer address:			How long?
City:	State:	Zip Code:	Position:
Gross Wages:	Overtime:	(Check One) Weekly Bi-Weekly Monthly	
Previous Employer if less than 2 Years	Employer Name:	City:	State:
Phone Number:	How Long?	Additional Income:	

Note: Alimony, Child Support, or other Income does not need to be revealed unless you want it considered for repayment of this obligation. Answer Y or N.

(1) Have you declared Bankruptcy within the last 10 years? Where?	Applicant Y/N	Co-Applicant Y/N
(2) Have you had any judgements or garnishments in the last 7 years?	Applicant Y/N	Co-Applicant Y/N
(3) Have you ever obtained Credit under any other name(s)? Name Used:	Applicant Y/N	Co-Applicant Y/N
(4) Are you a Co-Maker or Guarantor on a note? For Whom?	Applicant Y/N	Co-Applicant Y/N
(5) Are you a Party in a Lawsuit?	Applicant Y/N	Co-Applicant Y/N

Approved Credit Services, Inc.

NMLS#9604

**MLO-
NMLS ID#**

Dealer Name/FSBO Name _____ Salesman _____
Year ____ Make _____ Model _____ Size ____ x ____ Serial # _____
New ____ Used ____ Invoice Amt \$ _____ Dealer Options: _____
Address Where Home is to be placed: _____
Name or Park or Property Owners: _____ Lot Rent: \$ _____

- 1) Selling Price \$ _____
- 2) Sales Tax \$ _____
- 3) Cash Down \$ _____
- 4) Net Trade-In \$ _____
- 5) Insurance \$ _____
- 6) Improvements \$ _____
- 7) Land \$ _____
- 8) Broker Fee \$ _____
- 9) Amount Financed \$ _____

IMPROVEMENTS

Well \$ _____
Septic \$ _____
Pad \$ _____
Driveway \$ _____
Electric \$ _____
Skirting \$ _____
Steps/Deck \$ _____
A/C \$ _____
Other \$ _____

Land:

Acres ____ \$ _____

TRADE INFORMATION:

Year: _____ Size: _____
Make: _____
Model: _____
Gross Allowance: \$ _____
Payoff: \$ _____
Net Allowance: _____

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 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 do not furnish the information, check the box below.

Applicant: I do not wish to furnish this information

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Sex: Male Female

Co-Applicant: I do not wish to furnish this information

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Sex: Male Female

MISC. INFORMATION / NOTES:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:

Date:

Signature of co-applicant:

Date:

* Please fax back to (315)446-5767 or scan as a PDF or Word Document Only to support@approvedcreditny.com*