

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- Please list all amounts separately (Ex. Job \$2200 mo, SS \$1200 mo, SSDI \$900 mo, Pension \$300 mo, etc...)			
Current employer or Source of Income:		Phone:	
Employer address:			How long?
City:	State:	ZIP Code:	
Position:	Gross Monthly Wages:	Last Year's W-2 Amount:	
	Additional Income:	Source:	
Previous Employer (if less than 2 Years):			
Position and Gross Monthly Wage Amount:			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(Ex. Job \$2200 mo, SS \$1200 mo, SSDI \$900 mo, Pension \$300 mo, etc...)			
Current employer / Income Source:		Phone:	
Employer address:			How long?
City:	State:	Zip Code:	Position:
Gross Monthly Wages:			Last Year's W-2 Amount:
Previous Employer (if less than 2 Years)	Employer Name:	City/ST:	Position
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



Applicant Name: _____

Approved Credit Services, Inc.

PARK OR COMMUNITY NAME:			
MANUFACTURER (MAKE)		MODEL	YEAR
NEW <input type="checkbox"/>	USED <input type="checkbox"/>	WIDTH	LENGTH
PRIMARY RESIDENCE <input type="checkbox"/>	SECONDARY HOUSING <input type="checkbox"/>	OTHER <input type="checkbox"/>	LAND OR LOT PAYMENT \$
PROPERTY ADDRESS			
MANUFACTURED HOME PLACEMENT:		RENTED LAND <input type="checkbox"/>	PARK <input type="checkbox"/>
PRIVATE PROPERTY: OWNED FREE & CLEAR <input type="checkbox"/>	PRIVATE PROPERTY: MORTGAGED LAND <input type="checkbox"/>	PRIVATE PROPERTY: RELATIVE'S LAND <input type="checkbox"/>	

NOTES	

SALES INFORMATION

1	CASH SALE PRICE	11	TRADE-IN / DOWN PAYMENT	13	OPTIONS
2a	SALES TAX	11a	MANUFACTURER YEAR	13a	AIR CONDITIONER
2b	TAG / TITLE	11b	MODEL SIZE	13b	WASHER / DRYER
3	CASH SALE PRICE WITH TAX, TAG, & TITLE	11c	TRADE-IN PAYOFF TO	13c	SKIRTING
4a	GROSS TRADE-IN			13d	STEPS
4b	LESS AMOUNT OWED		DOWN PAYMENT - WAS ANY BORROWED OR GIFTED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, HOW MUCH?	13e	OTHER
4c	NET TRADE		IF YES, WHERE WAS IT OBTAINED?	13f	OTHER
5	CASH DOWN PAYMENT			13g	TOTAL OPTIONS
6	TOTAL DOWN PAYMENT	12	HOME INFORMATION	14	SET-UP / DELIVERY
7	INSURANCE	12a	MANUFACTURER'S INVOICE	15	TAXES, TAG, TITLE FEES
8	SUBTOTAL	12b	DELETION	16	INSURANCE
9	BROKER FEE	12c	NET INVOICE	17	BUYDOWN POINTS
10	AMOUNT TO FINANCE	12d	% OF MFG. INVOICE	18	MAXIMUM ALLOWABLE ADVANCE

ADDITIONAL INFORMATION:

Sunrise Communities, LLC
 PO Box 175
 Lafayette, NY 13084
 (315) 677-5444

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***

DEMOGRAPHIC INFORMATION OF APPLICANT AND CO-APPLICANT

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, race, and sex) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to provide some or all of this information, please check below.

APPLICANT	CO-APPLICANT
<p>Ethnicity: – <i>Check one or more</i></p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:</i>	<p>Ethnicity: – <i>Check one or more</i></p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:</i>
<hr/> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	<hr/> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information
<p>Race: - <i>Check one or more</i></p> <input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe:</i>	<p>Race: - <i>Check one or more</i></p> <input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe:</i>
<hr/> <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on:</i>	<hr/> <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on:</i>
<hr/> <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on:</i>	<hr/> <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on:</i>
<hr/> <input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information	<hr/> <input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information
<p>Sex:</p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information	<p>Sex:</p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information

TO BE COMPLETED BY THE FINANCIAL INSTITUTION (for an application taken in person)

APPLICANT	CO-APPLICANT
Was the ethnicity of the applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the ethnicity of the co-applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the race of the applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the race of the co-applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the sex of the applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the sex of the co-applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No

THE DEMOGRAPHIC INFORMATION WAS PROVIDED THROUGH:

- Face-to-Face Interview (includes Electronic Media w/ Video Component)
 Telephone Interview
 Fax or Mail
 Email or Internet