

It is a Crime to Intentionally Falsify Information on this Application

# MANUFACTURED HOME FINANCE APPLICATION

FIRST CREDIT CORPORATION OF NEW YORK, INC. • 21 NORTH MAIN STREET • GLOVERSVILLE, NY 12078

1-800-562-6036 • FAX: (518) 725-1670 • www.firstcreditcorp.com

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The Federal agency which administers compliance with this law concerning this bank is the Comptroller of Currency, Consumer Affairs Division, Washington, DC 20219.

APPLICATION WAS TAKEN  
 BY PHONE  BY MAIL  
 IN PERSON  BY INTERNET

LAST NAME	FIRST NAME	MIDDLE INITIAL	EMAIL ADDRESS		NO. OF DEP.	DATE OF BIRTH
PRESENT ADDRESS - NO. & STREET		CITY	STATE	ZIP CODE	YEARS	SOCIAL SECURITY NUMBER
FORMER ADDRESS - NO. & STREET		CITY	STATE	ZIP CODE	YEARS	RESIDENCE / CELL PHONE NUMBER
PRESENT EMPLOYER		POSITION		YEARS _____ MONTHS _____		GROSS WAGES \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY
EMPLOYER ADDRESS - NO. & STREET		CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
FORMER EMPLOYER (IF LESS THAN 3 YEARS)		POSITION		ADDRESS		NO. YEARS THERE

MARITAL STATUS:  MARRIED  SEPARATED  UNMARRIED

OPTIONAL Alimony or child support or separate maintenance payments are optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit.  MONTHLY  SEMI-ANNUALLY  
 QUARTERLY  YEARLY SOURCE \_\_\_\_\_

CHECKING - BANK BALANCE \$ \_\_\_\_\_ SAVINGS - BANK BALANCE \$ \_\_\_\_\_

DEBTS - LIST ALL DEBTS (USE EXTRA SHEET IF NECESSARY)	CREDITORS	MONTHLY PAYMENT	PRESENT BALANCE	MONTHLY PAYMENT	PRESENT BALANCE
LANDLORD OR MORTGAGE HOLDER					
1.				4.	
AUTO - LIEN HOLDER	YEAR / MAKE				
2.				5.	
3.				6.	

AMOUNT OF CHILD SUPPORT PAID \$ \_\_\_\_\_ MONTHLY NO. OF DEPENDENTS AND AGES VALUE OF ASSETS, INVESTMENTS AND RETIREMENT ACCOUNTS

ARE YOU A CO-MAKER ENDORSER OR GUARANTOR ON ANY LOAN OR CONTRACT?  YES  NO IF YES, FOR WHOM? \_\_\_\_\_ TO WHOM? \_\_\_\_\_

ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU?  YES  NO OMIT IF MORE THAN 7 YEARS \$ \_\_\_\_\_ IF YES, TO WHOM OWED? \_\_\_\_\_

WERE YOU EVER BANKRUPT?  YES  NO OMIT IF MORE THAN 10 YEARS IF YES, WHERE? \_\_\_\_\_ YEAR \_\_\_\_\_

NAME OF NEAREST RELATIVE OR FRIEND NOT LIVING WITH YOU ADDRESS PHONE

IF YOU INTEND TO APPLY FOR JOINT CREDIT, PLEASE INITIAL HERE  IF CO-APPLICATION, PLEASE COMPLETE BELOW. IF YOU WISH US TO CONSIDER INFORMATION IN ADDITION TO THAT LISTED BELOW, ATTACH A SEPARATE SHEET OR COMPLETE A SEPARATE APPLICATION.

LAST NAME	FIRST NAME	MIDDLE INITIAL	NO. OF DEP.	DATE OF BIRTH
PRESENT ADDRESS - NO. & STREET		CITY	STATE	ZIP CODE
FORMER ADDRESS - NO. & STREET		CITY	STATE	ZIP CODE
PRESENT EMPLOYER		POSITION		YEARS _____ MONTHS _____
EMPLOYER ADDRESS - NO. & STREET		CITY	STATE	ZIP CODE
FORMER EMPLOYER (IF LESS THAN 3 YEARS)		POSITION		ADDRESS

MARITAL STATUS:  MARRIED  SEPARATED  UNMARRIED

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

YEAR, MAKE AND SIZE OF HOME \_\_\_\_\_

SERIAL # \_\_\_\_\_

SELLER'S NAME \_\_\_\_\_

LIEN HOLDER \_\_\_\_\_

DO YOU INTEND TO OCCUPY THIS HOME AS YOUR PRIMARY RESIDENCE?  YES  NO

SIGNATURE OF CO-APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SELLING PRICE \_\_\_\_\_

DOWN PAYMENT \_\_\_\_\_

COMMUNITY \_\_\_\_\_ LOT RENT \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_ LOT # \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

DESIRED TERM OF LOAN \_\_\_\_\_

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not credit is approved. I am informed that you may request a consumer report (credit report) in connection with this application, and that, if I ask you, you will inform me if such a report is requested and the name and address of the consumer reporting agency that furnished the report. I am also informed that subsequent consumer reports may be requested, or used, in connection with any update, renewal or extension of the credit application. I authorize you to obtain such reports and to check my employment history.

RIGHT TO RECEIVE COPY OF APPRAISAL - If you have paid for an appraisal, you have the right to receive a copy. Send your written request to First Credit Corp., 21 N. Main St., Gloversville, NY 12078

### 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 ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the following 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
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female

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
Race:	<input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female

TO BE COMPLETED BY LOAN ORIGINATOR: Loan Originator's Signature		Date
Loan Originator's Name	Loan Originator's Identifier	Loan originator's Phone Number (with area code) <b>1-800-562-6036</b>
Loan Origination Company's Name <b>First Credit Corp. of New York, Inc.</b>	Loan Origination Company Identifier <b>3228</b>	Loan Origination Company's Address <b>21 N. Main St., Gloversville, NY 12078</b>