

Staple or Tape Closed

# MANUFACTURED HOME FINANCE APPLICATION

First Credit Corporation • 21 North Main St. • Gloversville, NY 12078

www.firstcreditcorp.com • info@firstcreditcorp.com

1-800-562-6036 • FAX (518) 725-1670

Application taken:  by phone  by mail  in person  by internet

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 the Currency, Consumer Affairs Division, Washington, DC 20219.

LAST NAME	FIRST NAME	M.I.	E-MAIL	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			Year(s) _____ Month(s) _____	GROSS WAGES							
EMPLOYER ADDRESS - NO. & STREET				CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER								
FORMER EMPLOYER				POSITION			ADDRESS	CITY	STATE	ZIP	Year(s) _____ Month(s) _____				
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried															
<b>OPTIONAL / OTHER INCOME</b> (Including Pensions and/or Social Security) 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.															
\$ _____ SOURCE: _____															
<b>INVESTMENT INCOME</b>															
\$ _____ SOURCE: _____															
CHECKING - BANK				BALANCE				SAVINGS - BANK				BALANCE			
				\$ _____								\$ _____			
<b>LISTS ALL DEBTS / CREDITORS</b>															
LANDLORD OR MORTGAGE HOLDER		OWN / RENT		MONTHLY PAYMENT	PRESENT BALANCE				MONTHLY PAYMENT	PRESENT BALANCE					
1.				\$ _____	\$ _____	5.			\$ _____	\$ _____					
AUTO-LIENHOLDER		YEAR/MAKE		\$ _____	\$ _____	6.			\$ _____	\$ _____					
2.				\$ _____	\$ _____	7.			\$ _____	\$ _____					
3.				\$ _____	\$ _____	8.			\$ _____	\$ _____					
4.				\$ _____	\$ _____	9.			\$ _____	\$ _____					
AMOUNT OF CHILD SUPPORT PAID: \$ _____ Monthly				NO. OF DEPENDENTS AND AGES				10.			\$ _____	\$ _____			
OTHER ASSETS - REAL ESTATE, STOCKS, BONDS															
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				AMOUNT: \$ _____				IF YES, TO WHOM OWED:			
WERE YOU EVER BANKRUPT?				Yes / No				OMIT IF MORE THAN 10 YEARS				IF YES, WHERE: _____ YEAR: _____			
ARE YOU PRESENTLY DELINQUENT ON ANY CREDIT OBLIGATIONS? Yes / No															
NAME OF NEAREST RELATIVE OR FRIEND NOT LIVING WITH YOU				ADDRESS				CITY		STATE		ZIP		PHONE	

IF CO APPLICATION, PLEASE COMPLETE BELOW							
IF YOU WISH US TO CONSIDER INFORMATION IN ADDITION TO THAT LISTED BELOW , ATTACH 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	YEARS	SOCIAL SECURITY NUMBER ____-____-____
FORMER ADDRESS - NO. & STREET			CITY	STATE	ZIP CODE	YEARS	RESIDENCE/CELL PHONE NUMBER ____-____-____
PRESENT EMPLOYER		POSITION			Year(s) ____ Month(s) ____		GROSS WAGES \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly
EMPLOYER ADDRESS - NO. & STREET			CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER ____-____-____	
FORMER EMPLOYER		POSITION		ADDRESS	CITY	STATE	ZIP ____-____-____ Year(s) ____ Month(s) ____
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried							

SIGNATURE OF APPLICANT		DATE	SIGNATURE OF CO-APPLICANT		DATE
YEAR, MAKE AND SIZE OF HOME:			SELLING PRICE: \$ _____		
SERIAL #:			DOWNPAYMENT: \$ _____		
SELLER'S NAME:			PARK:	LOT RENT: \$ _____	
LIENHOLDER:			ADDRESS:	LOT #:	
DO YOU INTEND TO OCCUPY THIS HOME AS YOUR PRIMARY RESIDENCE: Yes / No			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 up-date, renewal or extension of the credit application. I authorize you to obtain such reports and to check my employment history.

In considering your application, First Credit Corporation may perform an appraisal of the subject property. First Credit Corporation, after a written request made within 90 days from the date of application, will reproduce a copy of the appraisal for you.

**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 mortgages disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate 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 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: I Do Not Wish To Furnish This Information

ETHNICITY: Hispanic or Latino  Not Hispanic or Latino

RACE:

AMERICAN INDIAN, ALASKAN NATIVE

ASIAN

BLACK / AFRICAN AMERICAN

WHITE

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

SEX: Male  Female

CO-APPLICANT: I Do Not Wish To Furnish This Information

ETHNICITY: Hispanic or Latino  Not Hispanic or Latino

RACE:

AMERICAN INDIAN, ALASKAN NATIVE

ASIAN

BLACK / AFRICAN AMERICAN

WHITE

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

SEX: Male  Female