

**THIS APPLICATION MUST BE COMPLETED AND SIGNED BY THE APPLICANT(S) ONLY**

**APPLICANT CREDIT INFORMATION:** If this is an INDIVIDUAL application, complete section A. If this is a JOINT application, complete section A&B.  
**NOTE:** If married, the spouse is not required to be the joint applicant. Please advise whether credit references and/or credit history should be investigated under another name. It is a crime to intentionally falsify information on this application. v. 12/20/2023

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------|
| <b>Property will be:</b> <input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment/Rental <input type="checkbox"/> Buy-For                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                |
| <b>Loan Type:</b> <input type="checkbox"/> Home Only <input type="checkbox"/> Land and Home <input type="checkbox"/> Land Only                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                   | <b>Home is being:</b> <input type="checkbox"/> Purchased <input type="checkbox"/> Refinanced |                |
| <b>Street Address where home will be located, including site #:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                   | HOA Fee:                                                                                     | HOA Frequency: |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State:                                                                                                                                                                                                                                                                                                                                            | Zip:                                                                                         | County:        |
| <b>If Land and Home, home must be placed on the property described in this section. Land is being:</b> <input type="checkbox"/> Purchased <input type="checkbox"/> Refinanced <input type="checkbox"/> Owned Free and Clear<br>Whose land is it? _____ Estimated Land Value \$ _____ Purchase Price/Payoff \$ _____ Date Acquired: _____<br>Does the property have frontage on a publicly maintained road? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is the property located on a paved road? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                |
| <b>If Home Only, site placement is:</b> <input type="checkbox"/> Owned Property with No Lien <input type="checkbox"/> Leased Private Property <input type="checkbox"/> Family Land - No Rent<br><input type="checkbox"/> Reservation <input type="checkbox"/> Community/Park <input type="checkbox"/> Owned Property Land Contract/Mortgage Trust Deed                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                |
| <b>Will the home be located in a resident-owned community (co-op)?</b> _____ <b>Are you pledging or purchasing the security interest in the co-op shares?</b> _____                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                |
| <b>If Home Only and Land is Leased:</b> Name of Community/Park/Land Owner/Mortgage Holder: _____<br>Phone Number: _____ Monthly Site Payment: _____<br><b>Is the site rent scheduled to increase over the next three years? If so, please explain.</b> _____                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                |
| <b>Proposed Down Payment:</b><br>\$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Source of Down Payment:</b> <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Cash on Hand <input type="checkbox"/> Loan <input type="checkbox"/> I wish to use my land as down payment<br><input type="checkbox"/> Gift (if gift, from whom): _____ <input type="checkbox"/> Other (Explain): _____ |                                                                                              |                |

| (A) APPLICANT                                                                                                                                                                                                                                                  |                                                                           |                          |  | (B) CO-APPLICANT                                                                                                                                                                                                                                                                        |                                                                           |                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------|--|
| <b>FULL NAME - Last, First, Middle</b>                                                                                                                                                                                                                         |                                                                           |                          |  | <b>FULL NAME - Last, First, Middle</b>                                                                                                                                                                                                                                                  |                                                                           |                          |  |
| Birth Date (mm/dd/yy):                                                                                                                                                                                                                                         |                                                                           | Social Security #:       |  | Birth Date (mm/dd/yy):                                                                                                                                                                                                                                                                  |                                                                           | Social Security #:       |  |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated                                                                                                                                         |                                                                           |                          |  | Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated                                                                                                                                                                  |                                                                           |                          |  |
| <b>Applicant Dependents</b> (Any non-applicant who is financially supported by the Applicant and not listed by Co-Applicant(s). Examples may include: spouse, child, partner, dependent adult)<br>Number of Dependents:                      Dependent Age(s): |                                                                           |                          |  | <b>Co-Applicant Dependents</b> (Any non-applicant who is financially supported by the Co-Applicant and not listed by Applicant or other Co-Applicant(s). Examples may include: spouse, child, partner, dependent adult)<br>Number of Dependents:                      Dependent Age(s): |                                                                           |                          |  |
| <b>APPLICANT EMAIL:</b>                                                                                                                                                                                                                                        |                                                                           |                          |  | <b>CO-APPLICANT EMAIL:</b>                                                                                                                                                                                                                                                              |                                                                           |                          |  |
| Cell Phone: (    )    -                                                                                                                                                                                                                                        |                                                                           | Other Phone: (    )    - |  | Cell Phone: (    )    -                                                                                                                                                                                                                                                                 |                                                                           | Other Phone: (    )    - |  |
| APPLICANT - Residence                                                                                                                                                                                                                                          |                                                                           |                          |  | CO-APPLICANT - Residence                                                                                                                                                                                                                                                                |                                                                           |                          |  |
| <b>Current Street Address (3 Years Residence Required, attach supplement if needed)</b>                                                                                                                                                                        |                                                                           |                          |  | <b>Current Street Address (3 Years Residence Required, attach supplement if needed)</b>                                                                                                                                                                                                 |                                                                           |                          |  |
| City, State, Zip:                                                                                                                                                                                                                                              |                                                                           | County:                  |  | City, State, Zip:                                                                                                                                                                                                                                                                       |                                                                           | County:                  |  |
| Mailing Address (if different from physical)                                                                                                                                                                                                                   |                                                                           | City, State, Zip:        |  | Mailing Address (if different from physical)                                                                                                                                                                                                                                            |                                                                           | City, State, Zip:        |  |
| How long at present address?                                                                                                                                                                                                                                   | <input type="checkbox"/> Homeowner* <input type="checkbox"/> Other*       | Mo. Mtg/Rent:            |  | How long at present address?                                                                                                                                                                                                                                                            | <input type="checkbox"/> Homeowner* <input type="checkbox"/> Other*       | Mo. Mtg/Rent:            |  |
| Yrs                      Mo                                                                                                                                                                                                                                    | <input type="checkbox"/> Renter <input type="checkbox"/> Live with family |                          |  | Yrs                      Mo                                                                                                                                                                                                                                                             | <input type="checkbox"/> Renter <input type="checkbox"/> Live with family |                          |  |
| Name of Mortgage Holder or Landlord:                                                                                                                                                                                                                           |                                                                           |                          |  | Name of Mortgage Holder or Landlord:                                                                                                                                                                                                                                                    |                                                                           |                          |  |
| Telephone Number:                                                                                                                                                                                                                                              |                                                                           |                          |  | Telephone Number:                                                                                                                                                                                                                                                                       |                                                                           |                          |  |
| <b>*If homeowner, what are the plans for current home? If checked other above, explain:</b>                                                                                                                                                                    |                                                                           |                          |  | <b>*If homeowner, what are the plans for current home? If checked other above, explain:</b>                                                                                                                                                                                             |                                                                           |                          |  |
| Previous Address (if current address is less than 3 years)                                                                                                                                                                                                     |                                                                           |                          |  | Previous Address (if current address is less than 3 years)                                                                                                                                                                                                                              |                                                                           |                          |  |
| City, State, Zip:                                                                                                                                                                                                                                              |                                                                           | How long?                |  | City, State, Zip:                                                                                                                                                                                                                                                                       |                                                                           | How long?                |  |
| Name of previous Mortgage Holder or Landlord:                                                                                                                                                                                                                  |                                                                           |                          |  | Name of previous Mortgage Holder or Landlord:                                                                                                                                                                                                                                           |                                                                           |                          |  |
| Telephone Number:                                                                                                                                                                                                                                              |                                                                           |                          |  | Telephone Number:                                                                                                                                                                                                                                                                       |                                                                           |                          |  |
| Name of nearest relative NOT living with you:                                                                                                                                                                                                                  |                                                                           | Relationship:            |  | Name of nearest relative NOT living with you:                                                                                                                                                                                                                                           |                                                                           | Relationship:            |  |
|                                                                                                                                                                                                                                                                |                                                                           | Phone:                   |  |                                                                                                                                                                                                                                                                                         |                                                                           | Phone:                   |  |

**APPLICANT - Employment History (Minimum Three Years; Attach Supplement if Needed)**

|                      |                                                                                                             |                                       |
|----------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1. Current Employer: | Position Held/Occupation:<br><b>Self Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Started:                         |
| Employer Address:    | City, State, Zip:                                                                                           | Supervisor Name and Telephone Number: |

**Base pay rate excluding commission, bonuses, and overtime:** How are you paid? (select one below)

☐ Hourly Rate: \$ \_\_\_\_\_ # of Hours Weekly: \_\_\_\_\_ ☐ Weekly Salary: \$ \_\_\_\_\_ ☐ Bi-Weekly Salary: \$ \_\_\_\_\_ ☐ Monthly Salary: \$ \_\_\_\_\_

Do you receive bonuses? ☐ Yes ☐ No How often? \_\_\_\_\_ How much in bonuses over the last 12 months \$ \_\_\_\_\_

Do you receive commission? ☐ Yes ☐ No How often? \_\_\_\_\_ How much in commission over the last 12 months \$ \_\_\_\_\_

Do you receive overtime? ☐ Yes ☐ No How often? \_\_\_\_\_ How much in overtime over the last 12 months \$ \_\_\_\_\_

|                     |                                                                                                             |                 |
|---------------------|-------------------------------------------------------------------------------------------------------------|-----------------|
| 2. Second Employer: | Position Held/Occupation:<br><b>Self Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Started:   |
| City, State:        | Supervisor Name and Telephone Number:                                                                       | Monthly Income: |

|                       |                                                                                                             |                               |
|-----------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------|
| 3. Previous Employer: | Position Held/Occupation:<br><b>Self Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Started:      Date Left: |
| City, State:          | Supervisor Name and Telephone Number:                                                                       | Monthly Income:               |

Please provide an explanation for any job gaps greater than 30 days.

**CO-APPLICANT - Employment History (Minimum Three Years; Attach Supplement if Needed)**

|                      |                                                                                                             |                                       |
|----------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1. Current Employer: | Position Held/Occupation:<br><b>Self Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Started:                         |
| Employer Address:    | City, State, Zip:                                                                                           | Supervisor Name and Telephone Number: |

**Base pay rate excluding commission, bonuses, and overtime:** How are you paid? (select one below)

☐ Hourly Rate: \$ \_\_\_\_\_ # of Hours Weekly: \_\_\_\_\_ ☐ Weekly Salary: \$ \_\_\_\_\_ ☐ Bi-Weekly Salary: \$ \_\_\_\_\_ ☐ Monthly Salary: \$ \_\_\_\_\_

Do you receive bonuses? ☐ Yes ☐ No How often? \_\_\_\_\_ How much in bonuses over the last 12 months \$ \_\_\_\_\_

Do you receive commission? ☐ Yes ☐ No How often? \_\_\_\_\_ How much in commission over the last 12 months \$ \_\_\_\_\_

Do you receive overtime? ☐ Yes ☐ No How often? \_\_\_\_\_ How much in overtime over the last 12 months \$ \_\_\_\_\_

|                     |                                                                                                             |                 |
|---------------------|-------------------------------------------------------------------------------------------------------------|-----------------|
| 2. Second Employer: | Position Held/Occupation:<br><b>Self Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Started:   |
| City, State:        | Supervisor Name and Telephone Number:                                                                       | Monthly Income: |

|                       |                                                                                                             |                               |
|-----------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------|
| 3. Previous Employer: | Position Held/Occupation:<br><b>Self Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Started:      Date Left: |
| City, State:          | Supervisor Name and Telephone Number:                                                                       | Monthly Income:               |

Please provide an explanation for any job gaps greater than 30 days.

**APPLICANT - Other Income****CO-APPLICANT - Other Income**

Income from SSI, retirement, disability, alimony, child support or separate maintenance agreement need not be disclosed if you do not wish to have it considered as a basis for undertaking or repaying this debt.

|                                 |                  |                                 |                  |           |              |
|---------------------------------|------------------|---------------------------------|------------------|-----------|--------------|
| Child Support Monthly Amount    | Ages of Children | Child Support Monthly Amount    | Ages of Children |           |              |
| Alimony or Separate Maintenance | Duration         | Alimony or Separate Maintenance | Duration         |           |              |
| Other Source:                   | How Long:        | Monthly Amt:                    | Other Source:    | How Long: | Monthly Amt: |

| APPLICANT - Asset Information                                                                                                                                                                                                                                                   |                                                          |             | CO-APPLICANT - Asset Information                                                                                         |                     |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------|
| Bank Name:                                                                                                                                                                                                                                                                      | Account Type:                                            |             | Bank Name:                                                                                                               | Account Type:       |                          |
|                                                                                                                                                                                                                                                                                 | Balance: \$                                              |             |                                                                                                                          | Balance: \$         |                          |
| Type of Liquid Assets (Savings, CDs, Brokerage Accounts, etc.):                                                                                                                                                                                                                 |                                                          |             | Type of Liquid Assets (Savings, CDs, Brokerage Accounts, etc.):                                                          |                     |                          |
| Institution Holding Assets:                                                                                                                                                                                                                                                     | Balance: \$                                              |             | Institution Holding Assets:                                                                                              | Balance: \$         |                          |
| Type of Retirement Accounts (401k, IRA, etc.):                                                                                                                                                                                                                                  |                                                          |             | Type of Retirement Accounts (401k, IRA, etc.):                                                                           |                     |                          |
| Institution Holding Assets:                                                                                                                                                                                                                                                     | Balance: \$                                              |             | Institution Holding Assets:                                                                                              | Balance: \$         |                          |
| APPLICANT - Credit Information (Attach a List if Necessary)                                                                                                                                                                                                                     |                                                          |             | CO-APPLICANT - Credit Information (Attach a List if Necessary)                                                           |                     |                          |
| Do you have any personal loans, debts or car loans that may not be listed on your credit report? If Yes, please provide:                                                                                                                                                        |                                                          |             | Do you have any personal loans, debts or car loans that may not be listed on your credit report? If Yes, please provide: |                     |                          |
| Lender:                                                                                                                                                                                                                                                                         | Payment: \$                                              | Balance: \$ | Lender:                                                                                                                  | Payment: \$         | Balance: \$              |
| Lender:                                                                                                                                                                                                                                                                         | Payment: \$                                              | Balance: \$ | Lender:                                                                                                                  | Payment: \$         | Balance: \$              |
| Lender:                                                                                                                                                                                                                                                                         | Payment: \$                                              | Balance: \$ | Lender:                                                                                                                  | Payment: \$         | Balance: \$              |
| Are you a co-signer on another person's debt? If Yes, please provide:                                                                                                                                                                                                           |                                                          |             | Are you a co-signer on another person's debt? If Yes, please provide:                                                    |                     |                          |
| Lender:                                                                                                                                                                                                                                                                         | Monthly Payment: \$                                      |             | Lender:                                                                                                                  | Monthly Payment: \$ |                          |
| Have you paid off any debts within the last 60 days? (Please do not include credit cards) If Yes, please provide:                                                                                                                                                               |                                                          |             | Have you paid off any debts within the last 60 days? (Please do not include credit cards) If Yes, please provide:        |                     |                          |
| Lender:                                                                                                                                                                                                                                                                         | Monthly Payment: \$                                      |             | Lender:                                                                                                                  | Monthly Payment: \$ |                          |
| Lender:                                                                                                                                                                                                                                                                         | Monthly Payment: \$                                      |             | Lender:                                                                                                                  | Monthly Payment: \$ |                          |
| APPLICANT - Debts/Obligations (Attach a List if Necessary)                                                                                                                                                                                                                      |                                                          |             | CO-APPLICANT - Debts/Obligations (Attach a List if Necessary)                                                            |                     |                          |
| Alimony/Maintenance: \$                                                                                                                                                                                                                                                         | Expiration Date:                                         |             | Alimony/Maintenance: \$                                                                                                  | Expiration Date:    |                          |
| Garnishment: \$                                                                                                                                                                                                                                                                 |                                                          |             | Garnishment: \$                                                                                                          |                     |                          |
| Child Support: \$                                                                                                                                                                                                                                                               |                                                          |             | Child Support: \$                                                                                                        |                     |                          |
| List Ages of Children:                                                                                                                                                                                                                                                          |                                                          |             | List Ages of Children:                                                                                                   |                     |                          |
| Other Extraordinary Recurring Expenses (Attach a List if Necessary)                                                                                                                                                                                                             |                                                          |             |                                                                                                                          |                     |                          |
| List other items that have a significant impact to your budget                                                                                                                                                                                                                  |                                                          |             |                                                                                                                          |                     | Estimated Monthly Amount |
| If you drive more than 20 miles each way to work every day, what is your monthly fuel and maintenance expense other than your car payment?                                                                                                                                      |                                                          |             |                                                                                                                          |                     | \$                       |
| Child Care Expense:                                                                                                                                                                                                                                                             |                                                          |             |                                                                                                                          |                     | \$                       |
| Other:                                                                                                                                                                                                                                                                          |                                                          |             |                                                                                                                          |                     | \$                       |
| Other:                                                                                                                                                                                                                                                                          |                                                          |             |                                                                                                                          |                     | \$                       |
| List any Government Assistance Payments to you that help offset household expenses, such as WIC, TANF, or SNAP. You are not required to disclose these amounts if you do not wish to have them considered as a basis in analyzing your ability to undertake or repay this debt. |                                                          |             |                                                                                                                          |                     |                          |
|                                                                                                                                                                                                                                                                                 |                                                          |             |                                                                                                                          |                     | \$                       |
|                                                                                                                                                                                                                                                                                 |                                                          |             |                                                                                                                          |                     | \$                       |
| Questions                                                                                                                                                                                                                                                                       |                                                          |             |                                                                                                                          |                     |                          |
|                                                                                                                                                                                                                                                                                 | APPLICANT                                                |             | CO-APPLICANT                                                                                                             |                     |                          |
| 1. Are you a U.S. Citizen?                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |             | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                 |                     |                          |
| 2. Are you a permanent resident alien?                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |             | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                 |                     |                          |
| 3. Have you declared bankruptcy within the last 5 years?                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |             | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                 |                     |                          |
| If Yes, when did you file?                                                                                                                                                                                                                                                      | Date:                                                    |             | Date:                                                                                                                    |                     |                          |

Demographic Information - this section asks about your ethnicity, sex, and race

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. 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. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application.

**Instructions:** You may select one or more designations for "Ethnicity" and one or more designations for "Race." If you do not wish to provide some or all of this information, select the applicable check box.

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

Additional Disclosures

**California:** An applicant, if married, may apply for a separate account. It is illegal to discriminate in the provision of availability of financial assistance for the purpose of the purchase, construction, rehabilitation of any one to four unit family residences occupied by the owner and for the purpose of the house improvement of any one to four unit family residence by considering:

- 1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and unsound business practice; or
- 2. Race, color, religion, sex, marital status, national origin or ancestry.

It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance. If you have questions about your rights, or if you wish to file a complaint, contact the Lender or the California Department of Corporations at: 320 West 4th St, Ste 750, Los Angeles, CA 90013, or 1390 Market St, Ste 810 San Francisco, CA 94102

**Maryland:** Any existing borrower may purchase the property interest of another borrower on the loan by assuming the seller's portion of the mortgage in connection with the granting of an absolute divorce decree, provided the assuming borrower qualifies for the loan.

**New York and Vermont:** In connection with your application for credit, a consumer report may be requested in connection with such application. Upon request, you will be informed whether a consumer report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. If your application is granted, subsequent consumer reports may be requested or utilized in connection with any updates, renewal or extension of the credit for which application was made or for any other legitimate purpose associated with the account.

**Ohio:** The Ohio laws against discrimination requires that all creditors make credit equally available to all creditworthy customers and that credit reporting maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**Wisconsin:** No provision of a marital property agreement, a unilateral statement under Wisc. Stat. 766.59 or a court decree under Wisc. Stat. 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement, or decree of has actual knowledge of the adverse provision when the obligation to the creditor is incurred.

**NON-APPLICANT SPOUSE WAIVER OF NOTICE: I agree to waive notice of any extension of credit in connection with this application:**

**Non-Applicant Spouse:** \_\_\_\_\_

**Additional disclosures may be required for the following states: Illinois and New York.** **Date** \_\_\_\_\_

These documents are separate from this application and must be submitted with the application for the lender to process your request. Each of the undersigned specifically represents to Lender and to Lender's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of the information contained in the application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provision of Title 18, United States Code, Sec. 1001, et seq.; (2) the loan requested pursuant to the application (the "Loan") will be secured by a mortgage, deed of trust, or other consensual security interest; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in the application are made for the purpose of obtaining a residential mortgage loan; (5) the property will be occupied as indicated herein; (6) any owner or servicer of the Loan may verify or re-verify any information contained in the application from any source named in the application, and Lender, its successors or assigns may retain the original and/or electronic record of the application, even if the Loan is not approved; (7) the Lenders and its agents, brokers, insurers, servicers, successors, and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in the application if any of the material facts that I have represented herein should change prior to the closing of the Loan; (8) in the event my payments on the Loan become delinquent, the owner or servicer of the Loan may, in addition to any other rights and remedies that it may have relating to such delinquency, report my name and account information to one or more consumer credit reporting agencies; (9) ownership of the Loan and / or administration of the Loan account may be transferred with such notice as may be required by law; (10) neither Lender nor its agents, brokers, insurers, servicers, successors, or assigns has made any representation or warranty, expressed or implied, to me regarding the property or the condition or value of the property; and (11) my transmission of the application as an "electronic record" containing my "electronic signature" as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of the application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of the application were delivered containing my original signature. I give permission to Lender to investigate my credit and employment history and authorize my employer, landlord, depository institution, and credit company to release information about me. I acknowledge that my dealer is neither a broker nor a credit grantor. This application may be considered withdrawn if I do not inquire about its status within 30 days of the date of this notice.

**Have you frozen your credit report? If so, please be sure to contact all affected credit reporting agencies to lift the freeze BEFORE submitting your application.**

www.equifax.com, www.transunion.com, www.experian.com

| Applicant Signature | Date | Co-Applicant Signature | Date |
|---------------------|------|------------------------|------|
|                     |      |                        |      |

( ADMIN USE ONLY )

This credit application will be submitted to 21st Mortgage. Following receipt, a representative may call to discuss your application, its status, or to address other questions you have about the loan process. The retailer/realtor may assist you with matters associated with the sales transaction – for example, the type of home, options, site improvements, sales features that may impact your financing options, etc. Should you have any questions about this application, please contact the Lender at (800) 955-0021. **Below is a list of the 21st Mortgage Loan Originators:**

| Name                       | NMLS #  | Name                       | NMLS #  | Name                     | NMLS #  | Name                      | NMLS #  |
|----------------------------|---------|----------------------------|---------|--------------------------|---------|---------------------------|---------|
| <b>21st Mortgage Corp.</b> | 2280    | <b>Duncan, Jessica</b>     | 1561887 | <b>Kloss, Grant</b>      | 1894967 | <b>Rudolph, Elizabeth</b> | 1865266 |
| <b>Aldmon, Thomas</b>      | 1700118 | <b>Edwards, Kameron</b>    | 2729481 | <b>Lai, Sarah</b>        | 1815870 | <b>Rutta, Robert, Jr.</b> | 1915241 |
| <b>Armstrong, Eric</b>     | 2758423 | <b>Ellenburg, Makenzie</b> | 2818536 | <b>Lambert, Teresa</b>   | 1402336 | <b>Ryan, Lisa</b>         | 1209113 |
| <b>Bailey, Amber</b>       | 2758566 | <b>Ewing, Matthew</b>      | 2824291 | <b>Ledford, Justin</b>   | 1810028 | <b>Saucier, Alex</b>      | 2147154 |
| <b>Baker, Drew</b>         | 1684954 | <b>Fabian, Matt</b>        | 202243  | <b>Lee, Brian</b>        | 1535710 | <b>Shewcraft, Dustin</b>  | 1522858 |
| <b>Bautista, Felipe</b>    | 2824295 | <b>Fitzsimmons, Tracy</b>  | 1915250 | <b>Leftrick, Hillary</b> | 2838797 | <b>Silva, Danny</b>       | 2547910 |
| <b>Bee, Prestin</b>        | 2452985 | <b>Fouson, Brittany</b>    | 2728974 | <b>Long, Lindsay</b>     | 1915195 | <b>Sisk, Dylan</b>        | 1915196 |
| <b>Bennett, Sarah</b>      | 2213064 | <b>Fox, Cory</b>           | 2547919 | <b>Lowery, Tyler</b>     | 2213934 | <b>Smith, Emily</b>       | 2528543 |
| <b>Blakley, Michael</b>    | 2167899 | <b>Goodman, Kevin</b>      | 493671  | <b>Luna-White, Nancy</b> | 2415858 | <b>Spaldi, Alyssa</b>     | 2151601 |
| <b>Boser, Sarah</b>        | 2213120 | <b>Graham, Abra</b>        | 2168181 | <b>Massey, Hannah</b>    | 2066962 | <b>Spurrier, Graham</b>   | 2817678 |
| <b>Bryant, Shelby</b>      | 1915249 | <b>Grayson, Avery</b>      | 2621331 | <b>Medlock, Natalie</b>  | 2132954 | <b>Stiffler, Walter</b>   | 1535711 |
| <b>Carlisle, Zachery</b>   | 1803853 | <b>Greene, Sam</b>         | 2154098 | <b>Monroe, Cam</b>       | 2531198 | <b>Suarez, Michelle</b>   | 2824370 |
| <b>Carter, Wes</b>         | 1367458 | <b>Hagler, Elizabeth</b>   | 1865270 | <b>Mullis, Ken</b>       | 1311852 | <b>Taylor, Chris</b>      | 1305372 |
| <b>Check, Madi</b>         | 2817609 | <b>Hammonds, Leah</b>      | 2329989 | <b>Murphy, Brody</b>     | 2758415 | <b>Utle, Barrett</b>      | 1264594 |
| <b>Clark, Rob</b>          | 202264  | <b>Hatfield, Mallory</b>   | 2070740 | <b>Murphy, Heather</b>   | 2361178 | <b>Utle, Kayla</b>        | 1782616 |
| <b>Cornils, Austin</b>     | 2734844 | <b>Hicks, Mirella</b>      | 2664291 | <b>Osborne, Matthew</b>  | 2311685 | <b>Wade, Leah</b>         | 1614417 |
| <b>Corso, Morgan</b>       | 2346801 | <b>Hodges, Price</b>       | 2699530 | <b>Owens, Justin</b>     | 2687228 | <b>Waits, Stephanie</b>   | 2311687 |
| <b>Cox, Victoria</b>       | 2800549 | <b>Holliday, Jeremy</b>    | 1915207 | <b>Ponce, Peter</b>      | 2537373 | <b>Walden, Elliott</b>    | 2642861 |
| <b>Cozzolino, Jonathan</b> | 979264  | <b>Hough, Matthew</b>      | 2621324 | <b>Quick, Chad</b>       | 1561892 | <b>Webber, Jeff</b>       | 16262   |
| <b>Cutler, Kaylie</b>      | 2468297 | <b>Hudson, Sarah</b>       | 2494841 | <b>Ragan, Hayden</b>     | 2567916 | <b>Whitson, Will</b>      | 2687231 |
| <b>Doolan, Ryan</b>        | 64626   | <b>Johnson, Joe</b>        | 2528548 | <b>Rauhuff, Blake</b>    | 2688487 | <b>York, Lindsay</b>      | 1895005 |
| <b>Dubnicka, Cynthia</b>   | 1749407 | <b>Keith, Jeanie</b>       | 208077  | <b>Redford, Madeline</b> | 1915364 | <b>Young, Ryan</b>        | 2572252 |
| <b>Dulany, Clint</b>       | 2147258 | <b>Kittle, Chris</b>       | 202249  | <b>Rocco, Carly</b>      | 2514961 | <b>Young, Tyler</b>       | 1648541 |

By signing below, you acknowledge that you have read and understood the details provided, and consent to the Lender sharing its credit decision and other personally identifiable financial information you provide with your retailer/realtor for the purpose of facilitating this transaction\*. You also acknowledge that you have personally completed the information on the application and that the information is complete and accurate.

**Please sign below and retain a copy for your records.**

X

**Applicant Signature** **Date**

- ☐ For fastest updates, I would like to receive informational text messages about my application from 21st Mortgage Messaging to the mobile number I have provided.\*\*
- ☐ I would like to receive additional text messages marketing 21st Mortgage products and services from 21st Mortgage Messaging to the mobile number I have provided.\*\*

X

**Applicant Signature** **Date**

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- ☐ I would like to receive additional text messages marketing 21st Mortgage products and services from 21st Mortgage Messaging to the mobile number I have provided.\*\*

**X FAMILY HOME CENTER HOMOSASSA 1248-14**

**Print Dealership Name & Dealer Number**

\*You may withdraw consent for 21st Mortgage to share personally identifiable financial information with your retailer/realtor at any time by calling at 800-955-0021; sending written request to PO Box 477 Knoxville, TN 37901; or by email to myloan@21stmortgage.com. Letters and emails must have your file number and name in order to be processed. The withdrawal of consent will not affect your eligibility for any 21st Mortgage loan product but may result in slower processing times.

\*\*Message frequency varies. Message & data rates may apply. Reply HELP for help or STOP to opt out. You may opt out of receiving these texts at any time. Terms and Conditions and 21st Mortgage Privacy Statement available on www.21stmortgage.com.

X

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X

**Sales Person** **Date**