

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.

Application Date:	Seller Name:	Purchase Agreement with Seller must be attached
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Property will be: Primary Residence Non Primary Residence Investment/Rental

Purpose of the Loan: Purchase home only Purchase home and land Refinance Land only

Proposed Down Payment: \$ _____ **Source of Down Payment:** Savings Checking Cash on Hand Loan

Gift. If gift, from whom: _____ Other (Explain): _____

Using land as down payment. Value: \$ _____ Payoff if any \$ _____ Date acquired: _____

Land Purchase Price: _____ Whose land is it? _____ Will home be placed on this property? Y or N

A minimum of 5% is required. A down payment greater than 5% increases the likelihood of approval and may result in a lower interest rate.

Street Address where home will be located:

City: _____ State: _____ Zip: _____ County: _____

Site of Placement: Owned Property with no lien Owned Property Land Contract/Mortgage Trust Deed
 Leased Family Land Community Reservation

Information on the Land Lease Community, Land Owner Name, Tribe name if home is to be placed on a Reservation, or the mortgage holder:

Name: _____ Phone Number: _____ Monthly Site Payment \$ _____

Is the site rent scheduled to increase over the next four years? If so, please explain. _____

EMAIL ADDRESS: REQUIRED (for Loan Notices and Documents)

APPLICANT EMAIL ADDRESS:

CO-APPLICANT EMAIL ADDRESS:

(A) APPLICANT		(B) CO-APPLICANT	
FULL NAME - Last, First, Middle		FULL NAME - Last, First, Middle	
Birth Date:	Social Security #:	Birth Date:	Social Security #:
Sex: (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	Sex: (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
# Dependents:	Ages:	# Dependents:	Ages:

APPLICANT'S RESIDENCE				CO-APPLICANT'S RESIDENCE			
Current Street Address (3 Years Residence Required, attach supplement if needed)				Current Street Address (3 Years Residence Required, attach supplement if needed)			
City, State, Zip:			County:	City, State, Zip:			County:
Mailing Address (if different from physical)		Home Phone	Cell Phone	Mailing Address (if different from physical)		Home Phone	Cell Phone
How long at present address? Yrs Mo		<input type="checkbox"/> Homeowner * <input type="checkbox"/> Other <input type="checkbox"/> Renter <input type="checkbox"/> Parent	Mo. Mrtg/Rent:	How long at present address? Yrs Mo		<input type="checkbox"/> Homeowner * <input type="checkbox"/> Other <input type="checkbox"/> Renter <input type="checkbox"/> Parent	Mo. Mrtg/Rent:
Name of Mortgage Holder or Landlord:		Telephone number:		Name of Mortgage Holder or Landlord:		Telephone number:	
*If homeowner, what do you intend to do with the existing home?				*If homeowner, what do you intend to do with the existing home?			
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 Mortgage Holder or Landlord:				Name of 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'S EMPLOYMENT HISTORY (Minimum Three Years, attach supplement if needed)

1-Current Employer:	Position Held: Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Started:
City, State:	Supervisor Name and Telephone Number:	Email address:

What is your base pay rate excluding commission, bonuses, and overtime:

How are you paid? Hourly rate: \$ _____ Weekly Salary :\$ _____ BiWeekly Salary: \$ _____ Monthly Salary: \$ _____

Do you receive bonuses? _____ How often? _____ How much in bonuses over the last 12 months \$ _____

Do you receive commission? _____ How often? _____ How much in commission over the last 12 months \$ _____

Do you consistently receive overtime? _____ How often? _____ How much in overtime over the last 12 months \$ _____

2-Second or Previous Employer:	Position Held: Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Started:	Date Left:
City, State:	Supervisor Name and Telephone Number:	Income:	

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

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

CO-APPLICANT'S EMPLOYMENT HISTORY (Minimum Three Years)

1-Current Employer:	Position Held: Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Started:
City, State:	Supervisor Name and Telephone Number:	Email address:

What is your base pay rate excluding commission, bonuses, and overtime:

How are you paid? Hourly rate: \$ _____ Weekly Salary :\$ _____ BiWeekly Salary: \$ _____ Monthly Salary: \$ _____

Do you receive bonuses? _____ How often? _____ How much in bonuses over the last 12 months \$ _____

Do you receive commission? _____ How often? _____ How much in commission over the last 12 months \$ _____

Do you consistently receive overtime? _____ How often? _____ How much in overtime over the last 12 months \$ _____

2- Second or Previous Employer:	Position Held: Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Started:	Date Left:
City, State:	Supervisor Name and Telephone Number:	Income:	

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

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

APPLICANT'S OTHER INCOME

CO-APPLICANT'S 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:

ASSET AND CREDIT INFORMATION

Applicant Bank Name:	City, St:	Account type:	Balance: \$
Co-Applicant Bank Name:	City, St:	Account type:	Balance: \$
Retirement/401K with:	City, St:	Account type:	Balance: \$
Auto #1: Yr/Make	Value: \$	Lender:	Payment: \$ Balance: \$
Auto #2: Yr/Make	Value: \$	Lender:	Payment: \$ Balance: \$
Other Asset:	Value: \$	Lender:	Payment: \$ Balance: \$
Other Real Estate Owned	Value: \$	Lender:	Payment: \$ Balance: \$
Other Real Estate Owned	Value: \$	Lender:	Payment: \$ Balance: \$
Are you a co-maker or guarantor on a note?			
If Yes, for whom?		Creditor	Monthly Payment: \$

(A) APPLICANT - Debts / Obligations	(B) CO-APPLICANT - Debts / Obligations
Expiration Date	Expiration Date
Alimony/Maintenance: \$	Alimony/Maintenance: \$
Garnishment: \$	Garnishment: \$
List Ages of Children	List Ages of Children
Child Support: \$	Child Support:

Other Extraordinary Recurring Expenses

List 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

If the answer is "yes" to any of the questions (1-5), explain on attached sheet. Enter Y (yes) or N (no) for Borrower and/or Co-Borrower	Borrower	Co-Borrower
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 10 years? If yes, when did you file?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
4. Have you had any judgments, repossessions, garnishments, or other legal proceedings filed against you in the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have any past due obligations to or insured by any agency of the Federal Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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: _____ Date _____

Additional disclosures may be required for the following states: Texas, New York, Ohio, Oregon.

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 of deed of trust on the property described herein; (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.

Borrower Signature	Co-Borrower Signature
Date	Date

DEMOGRAPHIC INFORMATION OF APPLICANT AND CO-APPLICANT

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

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

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

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

THE DEMOGRAPHIC INFORMATION WAS PROVIDED THROUGH:

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

Applicant Name: _____

TRIAD FINANCIAL SERVICES, INC.

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

LOAN TYPE				
HOME ONLY <input type="checkbox"/>	LAND/HOME <input type="checkbox"/>	LAND-IN-LIEU <input type="checkbox"/>	FHA <input type="checkbox"/>	FANNIE MAE/FREDDIE MAC <input type="checkbox"/>
FINANCING OPTIONS: (Land / Home ONLY) CONSTRUCTION <input type="checkbox"/> ALL IN ONE <input type="checkbox"/>				
TERM: MOS	RATE: %	PAYMENTS:		
FLOOR PLAN: ORDERED <input type="checkbox"/> STOCK <input type="checkbox"/>				
POINTS: # _____ FINANCED <input type="checkbox"/> POC <input type="checkbox"/>				

SALES INFORMATION

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

LAND / HOME COMBINATION

19	LAND PURCHASE PRICE OR PAYOFF	23	AMENITIES - 35% Maximum (Dealer installed equipmt. not to exceed 25% of manuf. invoice)	23h	BASEMENT
20a	LAND APPRAISED VALUE	23a	WELL / WATER HOOK-UP	23i	GARAGE / CARPORT
20b	LAND APPRAISED VALUE X 90%	23b	SEPTIC / SEWER HOOK-UP	23j	TOTAL AMENITIES
20c	LESS ENCUMBRANCES (LIENS)	23c	GRADING	24	CLOSING FEES (ESTIMATE 3% OF TOTAL AMT. FINANCED)
21a	LAND EQUITY	23d	DRIVEWAY	25	BUYDOWN POINTS
21b	% OF LAND EQUITY AS DOWN PAYMENT	23e	POWER / ELECTRIC	26	ORIGINATION POINTS: 1 POINT FOR CONSTRUCTION
22	LAND ADVANCE	23f	OTHER		
22a	95% OF LESSER OF APPRAISED VALUE OR PURCH. PRICE/PAYOFF	23g	OTHER	27	MAXIMUM ALLOWABLE L/H ADVANCE



Authorization to Release Loan Information

Date: _____

Loan Number: _____

Property Address: _____

I/We the undersigned hereby authorize **Triad Financial Services Inc.** to release loan information to:

Name: _____

DOB: _____

Last Four of SSN: _____

This authorization only applies to the following actions concerning my loan:

- Full Access
- Payment Processing
- Payoff Information

This authorization is valid until I supply **Triad Financial Services Inc.** written notification of cancelling this authorization.

Borrower

Co – Borrower (If Applicable)

Name: _____

Name: _____

DOB: _____

DOB: _____

Last Four of SSN: _____

Last Four of SSN: _____

Signature: _____

Signature: _____

For Your Customer. For You.

13901 Sutton Park Drive South, Suite 300
Jacksonville, Florida 32224



For More Than 50 Years.

800.522.2013 (phone)
888.733.1522 (fax)

www.triadfs.com

