

COMPLETED BY HOMETOWN	Community name		<input type="checkbox"/> An all-ages community <input type="checkbox"/> A 55-and-over community		Contact	Phone (w/area code)	Date		
	Site Address			Site #	City	State	Zip		
	Lot rent (w/o concessions) \$ per mo.		Home Payment \$ per mo.		Purchase Price \$		Move In Desire Date		
	Make	Year	length	Width	Model	Serial Number			
	Type of application:	<input type="checkbox"/> Residency only <input type="checkbox"/> Lease to own <input type="checkbox"/> Seasonal Rental <input type="checkbox"/> Background Only			Source of home:	<input type="checkbox"/> Inventory <input type="checkbox"/> Brokered <input type="checkbox"/> Retail Partner <input type="checkbox"/> Private/Other			
						Home use:	<input type="checkbox"/> Primary residence <input type="checkbox"/> Secondary residence <input type="checkbox"/> Other: _____		
	For "Residency only" application, indicate source of home financing:				<input type="checkbox"/> Cash <input type="checkbox"/> Outside lender: _____ (include copy of loan approval)		<input type="checkbox"/> Private move-in		
	Would this applicant like to receive a quote from Hometown Services for American Modern Homeowner's (or Renter's) Insurance?				<input type="checkbox"/> Yes <input type="checkbox"/> No		(If yes, fax application to the Transaction Center.)		

Applicant Information

Applicant 1

Name (Last, First Middle)		Social Security Number	Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
Dependents other than any listed by Co-applicant	Drivers License #	Borrowers relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other		

Applicant 1 Address History

Current Address		Home Phone (w/ area code)		Cell Phone (w/area code)	
City	State	Zip	Email	Residency Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other	
How long at this address? ___ yrs ___ mos		IF LESS THAN TWO (2) YEARS, LIST FORMER ADDRESS BELOW:		Mortgage/Land Lord (Name and phone number)	
Former Address		City	State	Zip	Monthly Payment \$ per mo
Residency Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other		How long? ___ yrs ___ mos		Mortgage/Land Lord Phone (Name and phone number)	
				Monthly Payment \$ per mo	

Applicant 1 Employment History

Current employer OR List Retired		phone (w/area code)	City	State	Occupation Detail
<input type="checkbox"/> If self employed check box	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time employed or Retired Yrs Months		Gross income OR Retirement Income \$ per mo	IF LESS THAN TWO (2) YEARS, LIST FORMER EMPLOYER BELOW:
Employer		phone (w/area code)	City	State	Occupational Detail
<input type="checkbox"/> If self employed check box	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time employed or Retired Yrs Months		Gross income OR Retirement Income \$ per mo	

Applicant 1 Other Income

Notice: Income from alimony, child support, maintenance, and public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation.

Source	Monthly Amount \$	Source	Monthly Amount \$	Source	Monthly Amount \$
Have you ever file bankruptcy in the last 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a felony?	
Have you had any judgments, repossessions, garnishments, or Legal proceedings filed against you in the last 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you applied for credit under a different name?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please explain any "YES" answers in the "Additional Comments" section on page 5.</i>	

Assets for Applicant 1 (Please include Liquid Assets as it may enhance your approval chances)

Type of Account	Bank	Balance
		\$
		\$
		\$
		\$

Credit References and Other Expenses for Applicant 1 (include payments and obligations that likely DO NOT already show up on the credit bureau; such as child support obligations and buy here/pay here car loans and furniture companies)

Type of Bill	Company or Payee	Monthly Obligation
Child Care		\$
Child Support		\$
Alimony		\$
Car Loan		\$
Other:		\$

Applicant 2

Name (Last, First Middle)		Social Security Number	Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
Dependents other than any listed by Co-applicant	Drivers License #	Borrowers relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other		

Applicant 2 Address History

Current Address		Home Phone (w/ area code)	Cell Phone (w/area code)
City	State	Zip	Email
How long at this address? ___ yrs ___ mos		Mortgage/Land Lord (Name and phone number)	
IF LESS THAN TWO (2) YEARS, LIST FORMER ADDRESS BELOW:		Monthly Payment \$ ___ per mo	
Former Address		City	State
Residency Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other		How long? ___ yrs ___ mos	Mortgage/Land Lord Phone (Name and phone number)
			Monthly Payment \$ ___ per mo

Applicant 2 Employment History

Current employer OR List Retired		phone (w/area code)	City	State	Occupation Detail
<input type="checkbox"/> If self employed check box	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time employed or Retired Yrs Months	Gross income OR Retirement Income \$ ___ per mo	IF LESS THAN TWO (2) YEARS, LIST FORMER EMPLOYER BELOW:	
Employer		phone (w/area code)	City	State	Occupational Detail
<input type="checkbox"/> If self employed check box	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time employed or Retired Yrs Months	Gross income OR Retirement Income \$ ___ per mo		

Applicant 2 Other Income

Notice: Income from alimony, child support, maintenance, and public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation.

Source	Monthly Amount \$	Source	Monthly Amount \$	Source	Monthly Amount \$
Have you ever file bankruptcy in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you applied for credit under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had any judgments, repossessions, garnishments, or Legal proceedings filed against you in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please explain any "YES" answers in the "Additional Comments" section on page 5.			

Assets for Applicant 2 (Please include Liquid Assets as it may enhance your approval chances)

Type of Account	Bank	Balance
		\$
		\$
		\$
		\$

Credit References and Other Expenses for Applicant 2 (include payments and obligations that likely DO NOT already show up on the credit bureau; such as child support obligations and buy here/pay here car loans and furniture companies)

Type of Bill	Company or Payee	Monthly Obligation
Child Care		\$
Child Support		\$
Alimony		\$
Car Loan		\$
Other:		\$

Applicant 3			
Name (Last, First Middle)	Social Security Number	Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
Dependents other than any listed by Co-applicant	Drivers License #	Borrowers relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other	

Applicant 3 Address History			
Current Address	Home Phone (w/ area code)	Cell Phone (w/area code)	
City	State	Zip	Email
Residency Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other			
How long at this address? ___ yrs ___ mos	IF LESS THAN TWO (2) YEARS, LIST FORMER ADDRESS BELOW:	Mortgage/Land Lord (Name and phone number)	Monthly Payment \$ per mo
Former Address	City	State	Zip
Residency Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other	How long? ___ yrs ___ mos	Mortgage/Land Lord Phone (Name and phone number)	Monthly Payment \$ per mo

Applicant 3 Employment History			
Current employer OR List Retired	phone (w/area code)	City	State
Occupation Detail			
<input type="checkbox"/> If self employed check box	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time employed or Retired Yrs Months	Gross income OR Retirement Income \$ per mo
Employer	phone (w/area code)	City	State
Occupational Detail			
<input type="checkbox"/> If self employed check box	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time employed or Retired Yrs Months	Gross income OR Retirement Income \$ per mo

Applicant 3 Other Income			
<i>Notice: Income from alimony, child support, maintenance, and public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation.</i>			
Source	Monthly Amount \$	Source	Monthly Amount \$
Source	Monthly Amount \$	Source	Monthly Amount \$
Have you ever file bankruptcy in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any judgments, repossessions, garnishments, or Legal proceedings filed against you in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for credit under a different name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain any "YES" answers in the "Additional Comments" section on page 5.			

Assets for Applicant 3 (Please include Liquid Assets as it may enhance your approval chances)		
Type of Account	Bank	Balance
		\$
		\$
		\$
		\$

Credit References and Other Expenses for Applicant 3 (include payments and obligations that likely DO NOT already show up on the credit bureau; such as child support obligations and buy here/pay here car loans and furniture companies)		
Type of Bill	Company or Payee	Monthly Obligation
Child Care		\$
Child Support		\$
Alimony		\$
Car Loan		\$
Other:		\$

Applicant 4			
Name (Last, First Middle)	Social Security Number	Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
Dependents other than any listed by Co-applicant	Drivers License #	Borrowers relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other	

Applicant 4 Address History			
Current Address	Home Phone (w/ area code)	Cell Phone (w/area code)	
City	State	Zip	Email
Residency Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other			
How long at this address? ___ yrs ___ mos	IF LESS THAN TWO (2) YEARS, LIST FORMER ADDRESS BELOW:	Mortgage/Land Lord (Name and phone number)	Monthly Payment \$ per mo
Former Address	City	State	Zip
Residency Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other	How long? ___ yrs ___ mos	Mortgage/Land Lord Phone (Name and phone number)	Monthly Payment \$ per mo

Applicant 4 Employment History

Current employer OR List Retired		phone (w/area code)	City	State	Occupation Detail
<input type="checkbox"/> If self employed check box	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time employed or Retired Yrs Months	Gross income OR Retirement Income \$ per mo		IF LESS THAN TWO (2) YEARS, LIST FORMER EMPLOYER BELOW:
Employer		phone (w/area code)	City	State	Occupational Detail
<input type="checkbox"/> If self employed check box	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time employed or Retired Yrs Months	Gross income OR Retirement Income \$ per mo		

Applicant 4 Other Income

Notice: Income from alimony, child support, maintenance, and public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation.

Source	Monthly Amount \$	Source	Monthly Amount \$	Source	Monthly Amount \$
Have you ever file bankruptcy in the last 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a felony?	
Have you had any judgments, repossessions, garnishments, or Legal proceedings filed against you in the last 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you applied for credit under a different name?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please explain any "YES" answers in the "Additional Comments" section on page 5.

Assets for Applicant 4 (Please include Liquid Assets as it may enhance your approval chances)

Type of Account	Bank	Balance
		\$
		\$
		\$
		\$

Credit References and Other Expenses for Applicant 4 (include payments and obligations that likely DO NOT already show up on the credit bureau; such as child support obligations and buy here/pay here car loans and furniture companies)

Type of Bill	Company or Payee	Monthly Obligation
Child Care		\$
Child Support		\$
Alimony		\$
Car Loan		\$
Other:		\$

Financing

Total Cash Down payment \$	Total Trade Equity for Down Payment \$
Total Down Payment (Cash Down payment + Total Trade Equity) \$	Total % of Sales Price

Applicant 1	Applicant 2	Applicant 3	Applicant 4
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

To be completed by the interviewer: This application was taken by Face-to-Face Interview Mail Telephone Internet

Child Occupant 1		Child Occupant 2	
Name (Last, First Middle)	Name Suffix	Name (Last, First Middle)	Name Suffix
Social Security Number	Date of Birth	Social Security Number	
Child Occupant 3		Child Occupant 4	
Name (Last, First Middle)	Name Suffix	Name (Last, First Middle)	Name Suffix
Social Security Number	Date of Birth	Social Security Number	Date of Birth

