

FINANCING APPLICATION				EE IN A TINY H	O M E			•		
 IMPORTANT: Read these Directions before of If you are applying for individual credit or ar repayment of the credit requested, comple If you are applying for joint credit with anoth applicant. 	n individual account, i ete only Sections A-D	n your own name, ar	nd are relying o	•				·		
• •					port, or separ					
income or assets you are relying.	2, complete all coole	·					porcon on micco a		namenance paymente en	
NAME (Please print full name)		HOME PH	ONE	CELL PHO		AMOL	JNT OF LOAN	REC	UESTED MOS. TO PAY	
PRESENT STREET HOW LONG AT T					DRESS	PURPOSE OF LOAN				
						COLLATERAL OFFERED AND HOW OWNED				
CITY, STATE, AND ZIP E-MAIL ADDRESS:						COLL	ATERAL OFFEREL	AND HOW OWNE	D	
IMMEDIATE PREVIOUS ADDRESS HOW LONG AT					DRESS					
CITY AND STATE ZIP					Have you ever applied to us for a loan? ☐ Yes ☐ No If Yes, When?					
SOCIAL SECURITY NUMBER DRIVERS LICENSE NUMBER – STATE BIRTH DATE					NO. OF DEPENDENTS – LIST BY AGE					
NAME, ADDRESS AND RELATIONSHIP OF TWO NEAREST RELATIVES NOT LIVING WITH YOU OTHER THA						A PRESENT OR FORMER SPOUSE ARE YOU A U. S. CITIZEN?				
								☐ YES	□ NO	
MY PRINCIPAL FINANCIAL INSTITUTION IS	Services presently used	No.	Ne			Cert. of	osit □ Loan Deposit	OTTLENT IIV IIV	12 INOTITOTIONO 0025	
PRESENT EMPLOYER		SECTION B	- INCOME	SALARY AN		NT			MONTHLY INCOME	
MPLOYER ADDRESS BUSINESS PHONE OTHER INC						n Whom				
or separate wish to have						COME – From Whom or Describe (Alimony, child support, emaintenance income need not be revealed if you do not re toonsidered as a basis for repaying this obligation)				
POSITION OR TITLE PREVIOUS EMPLOYER AND ADDRESS		DATE OF	EMPLOY							
POSITION OR TITLE		YEARS EN	MBI UAEU				-	OTAL MONTHLY		
POSITION OR TITLE		TEARSEI	WFLOTED					INCOME		
If you have chosen to disclose income from all ☐ Written Agreement ☐ Court Decree ☐	imony, child support of Other	or separate maintena	ance, is such in	come pursua	nt to:	HOW LO	NG RECEIVED	HOW OFTEN	FROM WHOM	
AUTOS (Make, Model, Year)	VALUE	S	SECTION C	- ASSET	S VALUE			VALU	TOTAL VALUE	
REAL ESTATE (Location)								DATE OCCUPIED	VALUE	
, ,										
OTHER ASSETS (describe)									ESTIMATED VALUE	
OTHER ASSETS (describe)										
AUTO INSURANCE AGENTS: (Name and Ad	ddress)							TOTA		
		SECTION D -	LIABILITIE	S AND IN	DEBTEDI	NESS		ASSET	5 <u> </u>	
List below all indebtedness to banks, credi rent, mortgages, etc.							ations to pay alimo	ny, child support,		
CREDITOR		PE OF DEBT OR COUNT NUMBER	ORIG DE	BT	AMOUN	SENT IT OWED	COL	LATERAL	MONTHLY PAYMENT	
LANDLORD OR MORTGAGE HOLDER		Rent Payment Mortgage	(omit	rent)	(omit	t rent)				
		Wortgage								
CREDIT CARDS										
Totals					LIABILITIE	S			MONTHLY PAYMENTS	
Have you ever been bankrupt or had any judg	ments or garnishmer	ts against you?			MONTHLY	DEBT		ASSETS TO		
□ NO □ YES-WHEN?					TO INCOM	1E	%	LIABILITIES:	%	
If this Section of Application is completed, the separate maintenance income need not be rev NAME AND RELATIONSHIP TO APPLICANT	vealed if you do not w	Applicant/Guarantor/	Endorser must ered as a basis	be shown un	der the "liabili	lities and		tion above. (Alimon		
NAME AND RELATIONSHIP TO APPLICANT		ADDRE	-33					☐ CO-APPLIC		
EMPLOYED BY HOW LON	NG POSITI	ON OR TITLE	BUSINE	SS PHONE	HOME PH	HONE	SOCIAL SE	CURITY NUMBER	BIRTH DATE	
MONTHLY INCOME OTHER INCOME	E L						TOTAL INCOME	DRIVERS LICI	I ENSE NUMBER - STATE	
NAME. ADDRESS AND RELATIONSHIP OF	TWO NEAREST REI	ATIVES NOT LIVING	G WITH YOU	OTHER THAN	I A PRESENT	T OR FO	\$ PRMER SPOUSE	1 2	RE YOU A U.S. CITIZEN:	
TAME, ABBRESO AND RED (HONORIII OF		JANIA DA PER MANAGEMENT		OTTIER TIPE	TAT ILCENT		TRIMERY OF GOOL	[] Yes □ No	
MY PRINCIPAL FINANCIAL INSTITUTION IS	Services presently used	☐ Checking Accoun		ings Account lo.		Safe Depo	osit □ Loan Deposit	OTHER FINANCI	AL INSTITUTIONS USED	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SIGNA			, , , , , ,	.,			
Everything that I have stated in this application credit and employment history and to answer or			I understand th		ain this applic	cation wh	nether or not loan is	approved. You are	authorized to check my	
APPLICANT'S SIGNATURE		DATE	CO-APF	PLICANT/GUA	ARANTOR/EI	NDORSE	ER SIGNATURE (W	here Applicable)	DATE	
X			×							