

2800 Jefferson St.
Suite 6
Napa, CA 94558



Office: 707-226-9936
Fax: 707-226-8636
License No. 607 1568

Mobile Home Information Sheet

Manufacturer/Model of Home _____

Year of Home _____

Size of Home _____

Name of Park _____

Address of Park _____

Space Number _____

Space Rent _____

Sales Price _____

Down Payment % or \$ _____

If Refinancing, Please Complete the Following:

Current Value _____

Amount you Paid and Date Paid _____

Existing Loan Balance & Interest Rate _____

Requested Loan Amount _____

Please include a copy of the Title or Registration, if available

Mark Barlow
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 License No. 607 1568


CREDIT APPLICATION

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint
<input type="checkbox"/> Home Only	<input type="checkbox"/> Land and Home
<input type="checkbox"/> Purchase	<input type="checkbox"/> Refinance

(A) APPLICANT				(B) CO-APPLICANT			
Full Name - Last, First, Middle				Full Name - Last, First, Middle			
Birth Date	Social Security No.	Ages of Financial Dependents		Birth Date	Social Security No.	Ages of Financial Dependents	
Marital Status (circle one) U=Unmarried M=Married S=Separated				Marital Status (circle one) U=Unmarried M=Married S=Separated			
Present Street Address				Present Street Address			
City, State, Zip Code				City, State, Zip Code			
How Long at Present Address? Since ____/____/____		Home Phone No. ()		How Long at Present Address? Since ____/____/____		Home Phone No. ()	
Residential Status (circle one) H=Home Owner R=Renter P=Parents O=Other		Monthly Rent or Mtg. Pymt. \$		Residential Status (circle one) H=Home Owner R=Renter P=Parents O=Other		Monthly Rent or Mtg. Pymt. \$	
Landlord or Mortgage Holder's Name		Phone No. ()		Landlord or Mortgage Holder's Name		Phone No. ()	
Balance of Mortgage \$		Account No.		Balance of Mortgage \$		Account No.	
Previous Street Address (if less than 2 years at present address)				Previous Street Address (if less than 2 years at present address)			
City, State, Zip Code				City, State, Zip Code			
From ____/____/____ to ____/____/____				From ____/____/____ to ____/____/____			
Landlord or Mortgage Holder's Name		Phone No. ()		Landlord or Mortgage Holder's Name		Phone No. ()	
Employer's Name <input type="checkbox"/> Check if self-employed		Employer's Business		Employer's Name <input type="checkbox"/> Check if self-employed		Employer's Business	
Employer's Address		Work Phone No. ()		Employer's Address		Work Phone No. ()	
Job Title or Occupation		Date of Hire ____/____/____		Job Title or Occupation		Date of Hire ____/____/____	
Base Salary \$				Base Salary \$			
Overtime \$		Rec'd consistently since ____/____/____		Overtime \$		Rec'd consistently since ____/____/____	
Commissions/Bonus \$	Received: <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly Since ____/____/____			Commissions/Bonus \$	Received: <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly Since ____/____/____		
Other Income Note: Alimony, child support, or separate maintenance incomes do not have to be revealed unless applicant wishes to have such sources considered as a basis for repayment of the requested credit.							
Other Income				Other Income			
Amount	Source	Since		Amount	Source	Since	
\$		____/____/____	<input type="checkbox"/> Seasonal <input type="checkbox"/> PT Job <input type="checkbox"/> 2nd Job	\$		____/____/____	<input type="checkbox"/> Seasonal <input type="checkbox"/> PT Job <input type="checkbox"/> 2nd Job
\$		____/____/____	<input type="checkbox"/> Seasonal <input type="checkbox"/> PT Job <input type="checkbox"/> 2nd Job	\$		____/____/____	<input type="checkbox"/> Seasonal <input type="checkbox"/> PT Job <input type="checkbox"/> 2nd Job
Previous Employer (if less than 2 years at present)				Previous Employer (if less than 2 years at present)			
Previous Employer's City, State		From ____/____/____ to ____/____/____		Previous Employer's City, State		From ____/____/____ to ____/____/____	
Job Title or Occupation		Phone No. ()		Job Title or Occupation		Phone No. ()	

Applicant:

Lot # and Name:

Indicate Relationship or Ownership of Account by circling the appropriate letter (Circle A for Applicant or B for Co-applicant)			
A B	Checking Account with (Name and Address)	Phone No.	Account No.
A B	Savings Account with (Name and Address)	Phone No.	Account No.

List all other obligations including the liability for alimony, child support, or separate maintenance. Be sure to list all open accounts

Owner (Circle A for Applicant or B for Co-applicant)	Creditor Name and Address	Phone No.	Account No.	Current Bal. (\$)	Monthly Payment (\$)
A / B					
A / B					
A / B					
A / B					
A / B					

Relative living nearest Applicant	Name	Address	Relationship	Relative's Phone No.
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Relative living nearest Co-Applicant	Name	Address	Relationship	Relative's Phone No.
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If the answer is "yes" to any of the following questions, explain on an attached sheet. Enter Y (yes) or N (no) in both columns.	Applicant	Co-Applicant
(1) Have you declared Bankruptcy within the past 10 years? Where?		
(2) Have you had any judgements, repossessions, garnishments, or other legal proceedings filed against you within the past 7 years?		
(3) Have you ever obtained credit under any other name(s)? Name(s) used:		
(4) Are you a Co-Maker or Guarantor on a note? For whom? How much?		
(5) Are you a Party in a Lawsuit?		

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

Borrower: <input type="checkbox"/> I do not wish to furnish this information	Co-Borrower: <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
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

STATE LAW NOTICE

CA A married applicant may apply for credit individually.

ASSETS AND LIABILITIES

Schedule of Real Estate Owned (if additional properties are owned, use continuation sheet.)

Property Address (enter S if sold, PS if pending sale, or R if rental being held for income)	Type of Property	Present Market Value	Amount of Mortgage & Liens	Gross Rental Income	Mortgage Payments	Insurance, Maintenance, Taxes & Misc.	Net Rental Income
Totals							

All of the statements made in this application are true and correct and are made for the purpose of obtaining credit. You are authorized to investigate my credit record, to verify my credit, employment and income references and to obtain such other information as you deem necessary and to give credit reporting agencies and others information regarding your credit experience with me.

X _____ Date _____ X _____ Date _____
 Applicant Signature Required Co-Applicant Signature Required

(A) Applicant Driver's License No. _____ (B) Co-Applicant Driver's License No. _____