

EVANGELINE HOME CENTER

DEALER # 372-1

CONTACT SALES PERSON:

(337) 896-1773 OR E-MAIL: Evangelinehomes@aol.com

Fax approval to: (337) 896-1775

Date:

(A) APPLICANT INFORMATION			(B) CO-APPLICANT INFORMATION		
FULL NAME-Last, First, Middle		E-mail : Cell Phone::	FULL NAME-Last, First, Middle		E-mail: Cell Phone:
BIRTHDATE:	SOCIAL SECURITY #		BIRTHDATE:	SOCIAL SECURITY #	
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)			MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)		
PRESENT STREET ADDRESS (5 Year Residence Required)			PRESENT STREET ADDRESS (5 Year Residence Required)		
CITY, STATE, ZIP CODE		Parish	CITY, STATE, ZIP CODE		Parish
HOW LONG AT PRESENT ADDRESS: ____ Years ____ Months		HOME PHONE # ()	HOW LONG AT PRESENT ADDRESS: ____ Years ____ Months		HOME PHONE # ()
RESIDENTIAL STATUS? <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Parents <input type="checkbox"/> Other <input type="checkbox"/> Rent amount			RESIDENTIAL STATUS? <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Parents <input type="checkbox"/> Other <input type="checkbox"/> Rent amount		
PREVIOUS ADDRESS (If less than 5 years at present)		How Long: ____ Yrs ____ Mos.	PREVIOUS ADDRESS (If less than 5 years at present)		How Long: ____ Yrs ____ Mos.
Applicant's Employment (Minimum 3 year History)			Co-Applicant's Employment (Minimum 3 year History)		
EMPLOYER		PHONE ()	EMPLOYER		PHONE ()
EMPLOYER'S ADDRESS		TYPE OF BUSINESS	EMPLOYER'S ADDRESS		TYPE OF BUSINESS
POSTION	SUPERVISOR	DATE EMPLOYED	POSTION	SUPERVISOR	DATE EMPLOYED
GROSS SALARY/MT	GROSS OTHER INCOME	SOURCE	GROSS SALARY/MTH	GROSS OTHER INCOME	SOURCE
PREVIOUS EMPLOYER		PHONE ()	PREVIOUS EMPLOYER		PHONE ()
CITY, STATE	POSITION	EMPLOYED FROM:	CITY, STATE	POSITION	EMPLOYED FROM: ____ TO: ____
CREDIT REFERENCES AND PAYMENT OBLIGATIONS					
COMBINED PAYMENTS FOR ALIMONY ____ CHILD SUPPORT ____ CHILD CARE ____					
HAVE EITHER OF YOU HAD A BANKRUPTCY, REPOSSESSION, OR JUDEMENT IN THE LAST 10 YRS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
CHECKING ACCOUNT WITH			SAVINGS? TYPE <input type="checkbox"/> SAVINGS ACCT <input type="checkbox"/> 401K <input type="checkbox"/> RETIREMENT PENSION WITH:		
LAST VEHICLE, TRUCK, OR MOBILE HOME FINANCED BY			YEAR: MAKE: MODEL:	MTHLY PMT	PRESENT BAL
APPLICANT'S RELATIVE			CO-APPLICANT'S RELATIVE		
NEAREST REALTIVE NOT LIVING WITH YOU		HOME PHONE #	NEAREST REALTIVE NOT LIVING WITH YOU		HOME PHONE # () -
RELATIONSHIP	ADDRESS		RELATIONSHIP	ADDRESS	
NOTICE					
The Federal Equal Opportunity Credit Act prohibits creditors from discriminating on the basis of sex or martial status. The Federal Agency, which administers compliance with the law concerning this retailer, is the Federal Trade Commission, Washington, D.C. 20580.					

VOLUNTARY INFORMATION FOR THE GOVERNMENT MONITORING PURPOSES

If you are applying to refinance a mobile home, which will secure credit and be occupied as your principle residence, the following information is requested by the Federal Government to monitor the creditor's compliance with the anti-discrimination laws, including the Equal Opportunity Law. The law provided that a creditor may neither discriminate on the basis of this information nor on whether or not it is furnished. Furnishing all or any part of this information is optional. If you choose not to provide this information, the law requires the creditor to note you r race or national origins and sex on the basis of visual observation or surname. If you do not wish to furnish any of the following information, please initial below.

APPLICANT

I do not wish to furnish this information (initials): _____
 White Black American Indian or Alaskan Native Hispanic
 Asian or Pacific Islander Other
 SEX: Male Female

CO-APPLICANT

I do not wish to furnish this information (initials): _____
 White Black American Indian or Alaskan Native Hispanic
 Asian or Pacific Islander Other
 SEX: Male Female

By signing below, you give you permission to any financial institution listed below to investigate your credit and employment history and you authorize release of all credit-related information to those institutions. You also agree to inquire about the status of you credit application by contacting the financial institutions named above and understand that this application may be withdrawn if you do not inquire about its status within 30 days of this notice.

Applicant's Signature

Date

Co-Applicant's Signature

Date