

EVANGELINE HOMES CENTER

21st Mortgage License No: **372-1**

LO License No: _____

LA: _____ Date: _____ LO: _____

(A) APPLICANT INFORMATION			(B) CO-APPLICANT INFORMATION		
FULL NAME-Last, First, Middle		No. Dependents: _____ List ages: _____	FULL NAME-Last, First, Middle		No. Dependents: _____ List ages: _____
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		COUNTY	CITY, STATE, ZIP CODE		COUNTY
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			RESIDENTIAL STATUS? <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Parents <input type="checkbox"/> Other		
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/MTH	GROSS OTHER INCOME	SOURCE	GROSS SALARY/MTH	GROSS OTHER INCOME	SOURCE
PREVIOUS EMPLOYER		PHONE () -	PREVIOUS EMPLOYER		PHONE () -
CITY, STATE	POSITION	EMPLOYED FROM: ____ TO: ____	CITY, STATE	POSITION	EMPLOYED FROM: ____ TO: ____
CREDIT REFERENCES AND PAYMENT OBLIGATIONS					
COMBINED PAYMENTS FOR ALIMONY _____ CHILD SUPPORT _____ CHILD CARE _____					
HAVE EITHER OF YOU 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	
IN ADDITION TO YOUR MOBILE HOME, WHAT ELSE DO YOU WANT TO INCLUDE IN THIS LOAN? <input type="checkbox"/> Land <input type="checkbox"/> Home Improvements <input type="checkbox"/> Credit Card Consolidation <input type="checkbox"/> Home Owners Insurance <input type="checkbox"/> Other: _____					

NOTICE

The Federal Equal Opportunity Credit Act prohibits creditors from discriminating on the basis of sex or marital 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 your 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 your credit and employment history and you authorize release of all credit-related information to those institutions. You also give Evangeline Home Center permission to investigate credit and allow this application to be forwarded to the appropriate financial 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

LOAN SUBMISSION WORKSHEET

Lead Source: _____		Referred by: _____	
Application Taker: _____		Originator: _____	Key #: _____
Customer Names: _____		Spoke w/: _____	Best time to call: _____
Year: _____	Width: _____	Length: _____	Mfgr: _____
Model: _____			
NADA Base x130% = _____			

REFINANCE LOAN INFORMATION

Original Sale Price of Home: _____		Amount Financed: _____		Estimated Payoff: _____	
Where Purchased: _____		When Purchased: _____			
Who lives in the home: _____		Original Investment: _____			
Original Lienholder: _____		Current Lienholder: _____			
Current Interest Rate: _____	Original Term: _____	months	Remaining Term: _____	months	Monthly Pmt: _____
Is insurance included in the home payment? <input type="checkbox"/> Yes <input type="checkbox"/> No					

HOME PURCHASE INFORMATION

Who are you buying the home from? _____	Name: <u>Evangeline Home Center.</u>	City & State: Carencro, LA
	Salesman: _____	Phone: (337) 896 – 1773

HOME LOCATION INFORMATION

Where is the home currently located – or – Where will it be located?
 Does the customer own the land? Yes No Tax Appraisal Value: _____
 Land Pmt/ Lot Rent: _____ per month
 When was the land purchased? _____
 Is the Land financed? Yes, with mobile home Yes, separate loan No
 Whose name(s) is/are on the customer's deed?
 What was the land purchase price?
 Who is the lender for the land loan?
 Will the customer consider a Land/Home combination? Yes No

REQUESTED LOAN TERMS

<input type="checkbox"/> Home Only _____		<input type="checkbox"/> Home and Land Only _____	
A. Purchase of Home _____		I. Consolidation Request(s)	
B. Refinance Home _____		1. _____	
C. Land Purchase _____		2. _____	
D. Land Refinance _____		3. _____	
E. Land/Home Purchase _____		4. _____	
F. Land/Home Refinance _____		J. Cash Out Request	
G. Improvement Request(s)			
1. _____		K. Total Down Payment: _____	down pmt
2. _____			
3. _____			
4. _____			
H. Move/Set-up Costs _____			

Estimated Total Loan Amount (A-K): _____
 (Less Down Pmt. & Fees)

Did you request Purchase Agreement or Installment Contract + 30 day written payoff? Yes No

In the spaces below, provide your credit manager with any additional information that will be helpful in understanding this transaction:

DL# _____	Issue Date: _____	Expir Date: _____
DL# _____	Issue Date: _____	Expir Date: _____