

Customer		CUSTOMER INFORMATION		Co-Customer	
Customer's Name (Include Jr. or Sr. if applicable)			Co-Customer's Name (Include Jr. or Sr. if applicable)		
SS#	DOB		SS#	DOB	
Home Phone (incl. area code)	Cell Phone (incl. area code)		Home Phone (incl. area code)	Cell Phone (incl. area code)	
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (incl. single, divorced, widowed) <input type="checkbox"/> Separated			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (incl. single, divorced, widowed) <input type="checkbox"/> Separated		
Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs.			Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs.		
Mailing Address (if different from Present Address)			Mailing Address (if different from Present Address)		
<i>If residing at Present Address for less than two years, complete the following:</i>					
Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs.			Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs.		

Customer		EMPLOYMENT INFORMATION		Co-Customer	
Name & Address of Employer <input type="checkbox"/> Self Employed Yrs. on this job			Name & Address of Employer <input type="checkbox"/> Self Employed Yrs. on this job		
Position/Title/Type of Business	Business Phone (incl. area code)		Position/Title/Type of Business	Business Phone (incl. area code)	
<i>If employed in current position for less than two years or if currently employed in more than one position, complete the following:</i>					
Name & Address of Employer <input type="checkbox"/> Self Employed		Dates (from-to)	Name & Address of Employer <input type="checkbox"/> Self Employed		Dates (from-to)
		Monthly Income \$			Monthly Income \$
Position/Title/Type of Business	Business Phone (incl. area code)		Position/Title/Type of Business	Business Phone (incl. area code)	
Name & Address of Employer <input type="checkbox"/> Self Employed		Dates (from-to)	Name & Address of Employer <input type="checkbox"/> Self Employed		Dates (from-to)
		Monthly Income \$			Monthly Income \$
Position/Title/Type of Business	Business Phone (incl. area code)		Position/Title/Type of Business	Business Phone (incl. area code)	

MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION					
Gross Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expenses	Present
Base Empl. Income*	\$	\$	\$	Rent	\$
Overtime				First Mortgage	
Bonuses				Second Mortgage	
Commissions				Other (1)	
Net Rental Income				Other (2)	
Total	\$	\$	\$	Total	\$

* Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

Describe Other Income

Notice: Alimony, child support, or separate maintenance income need not be revealed if the Customer (C) or Co-Customer (C-C) does not choose to have it considered for this application.

C/C-C	Monthly Amount
	\$

ASSETS AND LIABILITIES

ASSETS <i>(List checking and savings accounts below)</i>		LIABILITIES	Monthly Payment	Unpaid Balance
Name of Bank, S&L, or Credit Union		Name of Company	\$	\$
Balance	\$	Name of Company	\$	\$
Name of Bank, S&L, or Credit Union				
Balance	\$	Name of Company	\$	\$
Name of Bank, S&L, or Credit Union				
Balance	\$	Name of Company	\$	\$
Stocks & Bonds <i>(Company name/number & description)</i>	\$	Name of Company	\$	\$
		Name of Company	\$	\$
Real estate owned <i>(enter market value from schedule of real estate owned)</i>	\$			
401K, IRA, etc. (1)	\$	Name of Company	\$	\$
401K, IRA, etc. (2)	\$			
Other Assets <i>(itemize)</i>	\$	Name of Company	\$	\$
		Alimony/Child Support	\$	
		Total Monthly Payments	\$	
Total Assets	\$		Total Liabilities	\$

REAL ESTATE OWNED

Property Address	Type of Property	Present Market Value	Amount of Mortgage & Liens	Monthly Gross Rental Income	Monthly Mortgage Payments
		\$	\$	\$	\$

LOT INFORMATION

Lot Address	County	Date Aquired <small>(MM/DD/YYYY)</small>	<input type="checkbox"/> Gift <input type="checkbox"/> Purchased	Lot Value \$ <hr/> Unpaid Balance \$ <i>(if applicable)</i>
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ACKNOWLEDGEMENT AND AGREEMENT

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

Customer's Signature	Date (MM/DD/YYYY)	Co-Customer's Signature	Date (MM/DD/YYYY)
X		X	

Complete this form in its entirety, and email it to info@mitchellhomesinc.com or fax it to 804-378-0811. Thanks!