

MHD Empire Service Corp.

231 Salina Meadows, PO Box 4743 Syracuse, NY 13221-4743 Office Number: 866-870-2612 Fax Number: 800-308-4842

Online Application Available at: mhdempire.com

APPLICANT CREDIT INFORMATION: If this is an INDIVIDUAL application, complete section A. If this is a JOINT application, complete section A&B. **NOTE**: If married, the spouse is not required to be the joint applicant. Please advise whether credit references and/or credit history should be investigated under another name. It is a crime to intentionally falsify information on this application.

Siloulu	be investigated under	another name.	. It is a crime to linte	entionally faisify information of	i tilis application.					
Dealer/Seller:			Salesperson:		Ph	one:				
Property will be:	☐ Primary Reside	ence	☐ Non Primary	y Residence/Seasonal						
Purpose of the Loan:	☐ Purchase hom		☐ Purchase ho							
•	(A) APPLICAN	Γ ΄		(B) CO-APPLICANT						
FULL NAME - Last, First, Mi	ddle			FULL NAME - Last, First, Middle						
Birth Date:	Social Security #:			Birth Date:	Social Secu	rity #:				
Are you a U.S. Citizen?	Marital Status:			Are you a U.S. Citizen?						
☐ Yes ☐ No	☐ Married	☐ Unmarried	☐ Separated	☐ Yes ☐ No	☐ Unmarried	d □ Separated				
# Dependents:	Ages:			# Dependents:	Ages:					
Email Address:	l			Email Address:						
API	PLICANT'S RESID	ENCE		CO-	-APPLICANT'S	RESIDENCE				
Current Street Address (3 Yea			lement if needed)	Current Street Address (3 Ye			plement if needed)			
City, State, Zip:			County:	City, State, Zip:			County:			
Mailing Address (if different	from physical)	Phone		Mailing Address (if different	t from physical)	Phone				
How long at present addres	ss? ☐ Homeowner *	'□ Other □ Parent	Mo. Mrtg/Rent:	How long at present addre	ess?	ner *□ Other □ Parent	Mo. Mrtg/Rent:			
Name of Mortgage Holder of		Telephone nu	mber:	Name of Mortgage Holder	IVIO	Telephone n	umber:			
*If homeowner, what do y	you intend to do wi	ith the existir	ng home?	*If homeowner, what do you intend to do with the existing home?						
Previous address (if current	address is less thar	n 3 years)		Previous address (if current address is less than 3 years)						
City, State, Zip:		How long?		City, State, Zip:		How long?)			
Name of nearest Relative N	IOT living with you:	Phone:		Name of nearest Relative	NOT living with y	ou: Phone:				
Al	PPLICANT'S EMP	LOYMENT	HISTORY (Mir	nimum Three Years, attac	ch supplement	if needed)				
1-Current Employer:			Position Held:			Date Started:				
a			Self Employed:	☐ Yes ☐ No		For all address.				
City, State:			Supervisor Nam	ne and Telephone Number:		Email address:				
What is your gross (before	taxes)base pay rate	excluding co	mmission, bonus	es, and overtime: \$		☐ Weekly☐ Bi-weekly☐ Monthly				
Do you receive bonuses/co	mmission?	How often?		How much over the last 12	months \$					
Do you consistently receive of						nths \$				
2-Second or Previous Empl	oyer:		Position Held:			Date Started:	Date Left:			
			Self Employed:	☐ Yes ☐ No						
City, State:			Supervisor Nam	ne and Telephone Number:		Income:				
3-Previous Employer:			Position Held:				Date Started: Date Left:			
City, State:			Self Employed: Supervisor Nam	self Employed:			Income:			
Please provide an explanat	ion for any job gaps	greater than	I 30 days.			l				

CO-Al	PPLICANT'S	EMPLOYMEN	IT HISTORY (Minin	num Three Years)				
1-Current Employer:	Position Held:			Date Started:				
	Self Employed:	☐ Yes ☐ No						
City, State:		Supervisor Nam	ne and Telephone Nur	nber:	Email address:			
What is your gross (before taxes) base pay rate	e excluding co	mmission, bonus	es, and overtime: \$		☐ Weekly ☐ Bi-weekly ☐ Monthly	☐ Bi-weekly		
Do you receive bonuses/commission?	How often?		How much over the l	ast 12 months \$				
Do you consistently receive overtime?					nths \$			
2- Second or Previous Employer: Position Held: Date Started: Date Left:								
, ,		Self Employed:	□ Yes □ No					
City, State:		Supervisor Nam	ne and Telephone Nur	mber:	Income:			
Please provide an explanation for any job gaps	greater than	30 days.						
APPLICANT'S C	THER INCOM	1E		CO-APPLICAN	NT'S OTHER INC	COME		
Income from SSI, retirement, disability, alimony, child supp	ort or separate mai	intenance agreement n	eed not be disclosed if you do	not wish to have it considered	l as a basis for underta	king or repaying this debt.		
Child Support Monthly Amount	Ages of Child	dren	Child Support Month	nly Amount	Ages of Children			
Alimony or Separate Maintenance	Duration		Alimony or Separate	Maintenance	Duration			
Other Source:	How Long:	Monthly Amt:	Other Source:		How Long:	Monthly Amt:		
(A) APPLICANT - Deb	ts / Obligat	tions		(B) CO-APPLICAN	T - Debts / O	bligations		
Auto Lienholder	Monthly Pay	yment	Auto Lienholder		Monthly Payment			
Alimony/Maintenance: \$	Expiration Da	nte	Alimony/Maintena	nce: \$	Expiration Date			
	AS	SET AND CRE	DIT INFORMATIO	N				
Applicant Bank Name:		City, St:		Account type:	Bala	ance: \$		
Co-Applicant Bank Name:		City, St:	Account type:			ance: \$		
		QUES	STIONS					
If the answer is "yes" to any of the questions (3 N (no) for Borrower and/or Co-Borrower	Applicant	t Co-Applicant						
1. Are you a co-maker or guarantor on a note If yes, for whom?	? To whon		□Yes □ No	□Yes	□ No			
2. Have you had any judgments, repossessions	s, garnishmen	ts filed against yo	ou in the past 7 yrs?	□Yes □ No	□Yes	□ No		
3. Have you declared bankruptcy within the la	st 10 years?			□Yes □ No	□Yes	□ No		
ii ves, when did you me:	CE	RTIFICATION	AND SIGNATURE	Date:	Date:			
I (we) certify that the information stated is comy (our) application. I (we) understand that y renewing or extending further credit, and, if I address of the consumer reporting agency that whether or not a loan is granted. I (we) also a about me (us) with anyone you may ask. To help the government fight the funding of the record information that identifies each person other information that will allow us to identify intentionally falsify information on this applications.	ou may reque (we) ask, I (we t furnished th uthorize you t errorism and r who opens a you. We man	est a consumer ree b) will be informe be report). I (we) to check my (our) money laundering n account. When y also ask to see	port in connection wi d whether or not such agree that this applica employment/income g activities, Federal law n you open an accoun your driver's license o	th this application and hareport was request ation remains the proper history and to excharge we requires all financial t, we will ask for your other identifying information and the second se	I for the purpose ted (and, if so, the perty of MHD Em nge account and institutions to co name, address, or primation. It is a	e of updating, e name and npire Service Corp. credit information btain, verify and date of birth and crime to		
-	Joint Intent: For applications with more than one applicant, by signing below the Applicant and Co-Applicant each agree the intent is to apply for joint credit.							
Borrower Signature	l	Date	Co-Borrower Sign	nature		Date		

Demographic Information - this section asks about your ethnicity, sex, and race

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, race, and sex) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race, and sex on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application.

Instructions: You may select one or more designations for "Ethnicity" and one or more designations for "Race." If you do not wish to provide some or all of this information, select the applicable check box.

information, select the applicable check box.								
(A) APPLICANT	(B) CO-APPLICANT							
Ethnicity: Check one or more	Ethnicity: Check one or more							
☐ Hispanic or Latino	Hispanic or Latino							
☐ Mexican ☐ Puerto Rican ☐ Cuban	☐ Mexican ☐ Puerto Rican ☐ Cuban							
☐ Other Hispanic or Latino - <i>Enter origin</i> :	☐ Other Hispanic or Latino - <i>Enter origin:</i>							
Examples: Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc. Not Hispanic or Latino I do not wish to provide this information Race: Check one or more	Examples: Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc. Not Hispanic or Latino I do not wish to provide this information Race: Check one or more							
☐ American Indian or Alaskan Native - Enter name of enrolled or principal tribe:	☐ American Indian or Alaskan Native - Enter name of enrolled or principal tribe:							
☐ Asian ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian - Enter race:	☐ Asian ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian - Enter race:							
Examples: Hmong, Laotian, Thai, Pakistani,	Examples: Hmong, Laotian, Thai, Pakistani,							
Cambodian, etc.	Cambodian, etc. □ Black or African American							
☐ Black or African American	☐ Native Hawaiian or Other Pacific Islander							
□ Native Hawaiian or Other Pacific Islander	□ Native Hawaiian □ Samoan							
□ Native Hawaiian □ Samoan	☐ Guamanian or Chamorro							
□Guamanian or Chamorro	☐ Other Pacific Islander - Enter race:							
□Other Pacific Islander - Enter race:	□Other Pacific Islander - Enter race:							
	Examples: Fijian, Tongan, etc. □ White							
☐ I do not wish to provide this information	\square I do not wish to provide this information							
Sex: □ Female	Sex: □Female							
□Male	□Male							
☐ I do not wish to provide this information	\square I do not wish to provide this information							
TO BE COMPLETED BY THE FINANCIAL INSTITUTION (for an application taken in person)								
(A) APPLICANT	(B) CO-APPLICANT							
Was the ethnicity of the applicant collected on the basis of $\ \square$ Yes $\ \square$ No	Was the ethnicity of the co-applicant collected on the basis ☐ Yes ☐ No							
visual observation or surname?	of visual observation or surname?							
Was the race of the applicant collected on the basis of visual $\ \square$ Yes $\ \square$ No	Was the race of the co-applicant collected on the basis of visual \square Yes \square No							
observation or surname?	observation or surname?							
Was the sex of the applicant collected on the basis of visual \Box Yes \Box No	Was the sex of the co-applicant collected on the basis of visual ☐ Yes ☐ No							
observation or surname?	observation or surname?							
THE DEMOGRAPHIC INFORMATION	WAS PROVIDED THROUGH:							
☐ Face-to-Face Interview (includes Electronic Media w/ Video Component)	☐ Telephone Interview ☐ Fax or Mail ☐ Email or Internet							

LOAN ORIGINATOR INFORMATION

Loan organization name

Address

Loan originator organization NMLSR ID State license ID#

Loan originator name

Loan originator NMLSR ID# State license ID#

Email Phone

MHD Empire Service Corp.

MANUFACTURED HOME					LOAN TYPE								
MANUFACTURER (MAKE)			ODEL			YEAR	HOME ONLY		/HOME	LAND-IN-LIEU	FHA	FANNIE MAE/FREDDIE MAC	
NEW	USED	SIZE (Width X Lengt	h) SI	ERIAL NU	JMBER		FINANCING	OPTIONS: (I	Land / Home	e ONLY) CONSTRUCTIO	м П	END LOAN □	
	ARY RESIDENCE	SECONDARY HOUS	SING			OT PAYMENT	TERM:		RATE:	%		AYMENTS:	
STRE	ET ADDRESS WHERE	HOME WILL BE LOC	ATED:		\$			MOS		70			
OUTLY					07			710				OOLINITY	
CITY:					SI	ГАТЕ:		ZIP:			COUNTY:		
SITEF	SITE PLACEMENT: OWNED PROPERTY WITH NO LIEN OWNED PROPERTY LAND CONTRACT/MORTGAGE TRUST DEED									GE TRUST DEED			
	☐ LEASED ☐ FAMILY LAND ☐ COMMUNITY ☐ ROC (RESIDENT OWNED COMMUNITY) ☐ RESERVATION										RESERVATION		
						CALECI	NFORMA	ATION					
	CASH SALE PRICE					SALES I	INFORIVIA	ATION	4.0				
1	SALES TAX		11	NAANII IE	TR. ACTURER	ADE-IN/DOWN	PAYMENT	YEAR	13	OPTIONS AIR CONDITIONER			
2a	SALES TAX		11a	IVIANOF	ACTURER			TEAR	13a	AIR CONDITIONER			
2b	TAG/TITLE		11b	MODEL				SIZE	13b	SKIRTING			
3	CASH SALES PRICE WI	THTAX, TAG & TITLE	11c	TRADE-IN PAYOFF TO					13c	STEPS			
4a	GROSS TRADE-IN								13d	FOOTERS			
4b	LESS AMOUNT OWED			DOWN PAYMENT – WAS ANY BORROWI YES NO IF YES, HO			(ED OR GIFTED) OW MUCH?		13e	DECKS			
4c	NET TRADE			IF YES,	WHEREWAS	IT OBTAINED?			13f	OTHER			
5	CASH DOWN PAYMENT	Г							13g	TOTAL OPTIONS			
6 TOTAL DOWN PAYMENT			12	HOME INFORMATION					14	SET-UP/DELIVERY	′		
7	INSURANCE		12a	MANUFACTURER'S INVOICE					15	TAXES, TAG, TITLE	& FEES		
8	SUBTOTAL		12b	FREIGHT (DELETION)					16	INSURANCE			
9	BUYDOWN POINTS		12c	NET INVOICE					17	BUYDOWN POINTS			
10	AMOUNT TO FINANCE		12d	%OFM	% OF MFG. INVOICE				18	MAXIMUM ALLOWA	ABLE ALL	OWANCE	
	LAND / HOME COMBINATION												
19	LAND PURCHASE PRIC	E OR PAYOFF	23	AMENIT	TES-35%MA)	XIMUM			23h	BASEMENT			
20a	LAND APPRAISED VALU	JE	23a	WELLN	VATER HOOK-	UP			23i	GARAGE/CARPOR	т		
20b	LAND APPRAISED VALU	JE X 90%	23b	SEPTIC	/SEWER HOO	K-UP			23j	TOTALAMENITIES			
20c	LESS ENCUBRANCES (LIENS)	23c	GRADING					24	CLOSINGFEES			
21a	LAND EQUITY		23d	DRIVEV	IAY				25	BUYDOWN POINTS			
21b	%OF LAND EQUITY AS	DOWN PAYMENT	23e	POWER/ELECTRIC					26	ORIGINATION POINTS;			
22	LAND A	OVANCE	23f	OTHER									
22a	95% OF LESSER OF AP PUPURCH PRICE/PAYO	PRAISED VALUE OR DFF	23g	OTHER					27	MAXIMUM ALLOWA	BLE ADV	ANCE	



Authorization to Provide and Release Information

Dear MHD Empire Service Corp. Customer(s):

In order for MHD Empire Service Corp. to discuss your credit application/manufactured home loan with a third party, we must obtain a letter of authorization form signed by all applicants. Please review the form below and complete the following:

- Specify the name(s), address, phone number and relationship of the person you are authorizing MHD Empire Service Corp. to verbally discuss information with regarding your credit application/manufactured home loan.
- MHD Empire Service Corp. will need the signature of everyone who is on the credit application/manufactured home loan paperwork.
- Please make sure that the form is dated.

LETTER OF AUTHORIZATION

I/We hereby authorize MHD Empire Service Corp. to discuss my/our credit application and/or manufactured home loan with the individual listed below:

NAME OF 3rd PARTY:		
ADDRESS:		
PHONE NUMBER:		
EMAIL ADDRESS:		
RELATIONSHIP TO BORROWER	O-BORROWER:	
NAME OF 3rd PARTY:		
ADDRESS:		
PHONE NUMBER:		
EMAIL ADDRESS:		
RELATIONSHIP TO BORROWER	O-BORROWER:	
connection with this authorization. YOU MAY REVOKE THIS AU	HORIZATION AT ANY TIME BY PROVIDING WRITTEN NOTICE.	
Date	XBorrower Signature	
	Borrower Printed Name	
	X	
Date	Co-Borrower Signature	
	Co-Borrower Printed Name	