

3785 EVANSTON AVE
Muskegon, Michigan 49442
Phone (231) 773-0843 Fax (231) 773-7250
Email: tjones@arlingtonstates.comcastbiz.net

APPLICANT INFORMATION

FIRST NAME: _____ M: _____ LAST: _____
HOME PHONE: _____ CELL: _____
D.L. #: _____ ST. ISSUED: _____
D.O.B: _____ SSN: _____
EMAIL: _____

APPLICANT ADDRESS HISTORY

(USE "PREVIOUS" SECTION IF LESS THAN 2 YEARS AT ANY ADDRESS)

CURRENT ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
OWN: _____ RENT: _____ RELATIVE: _____ OTHER: _____
PAYMENT: _____ HOW LONG? YEARS _____ MONTHS _____
LANDLORD: _____ PHONE: _____
PREVIOUS ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
OWN: _____ RENT: _____ RELATIVE: _____ OTHER: _____
PAYMENT: _____ HOW LONG? YEARS _____ MONTHS _____
LANDLORD: _____ PHONE: _____

APPLICANT EMPLOYMENT HISTORY

(USE "PREVIOUS" SECTION IF LESS THAN 2 YEARS FOR EACH EMPLOYER)

CURRENT EMPLOYER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____
HIRE DATE: _____ GROSS MO. INCOME: _____
PREVIOUS EMPLOYER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____
HIRE DATE: _____ GROSS MO. INCOME: _____

APPLICANT OTHER INCOME

(INCOME FROM ALIMONY, CHILD SUPPORT, ETC. NEED NOT BE REVEALED IF YOU DO NOT WISH THEM TO BE CONSIDERED AS A BASIS FOR PAYING THIS OBLIGATION)

MO. AMOUNT: _____ HOW LONG? _____ SOURCE: _____
MO. AMOUNT: _____ HOW LONG? _____ SOURCE: _____
MO. AMOUNT: _____ HOW LONG? _____ SOURCE: _____

CO-APPLICANT INFORMATION

FIRST NAME: _____ M: _____ LAST: _____
HOME PHONE: _____ CELL: _____
D.L. #: _____ ST. ISSUED: _____
D.O.B: _____ SSN: _____
EMAIL: _____

CO-APPLICANT ADDRESS HISTORY

(USE "PREVIOUS" SECTION IF LESS THAN 2 YEARS AT ANY ADDRESS)

CURRENT ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
OWN: _____ RENT: _____ RELATIVE: _____ OTHER: _____
PAYMENT: _____ HOW LONG? YEARS _____ MONTHS _____
LANDLORD: _____ PHONE: _____
PREVIOUS ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
OWN: _____ RENT: _____ RELATIVE: _____ OTHER: _____
PAYMENT: _____ HOW LONG? YEARS _____ MONTHS _____
LANDLORD: _____ PHONE: _____

CO-APPLICANT EMPLOYMENT HISTORY

(USE "PREVIOUS" SECTION IF LESS THAN 2 YEARS FOR EACH EMPLOYER)

CURRENT EMPLOYER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____
HIRE DATE: _____ GROSS MO. INCOME: _____
PREVIOUS EMPLOYER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____
HIRE DATE: _____ GROSS MO. INCOME: _____

CO-APPLICANT OTHER INCOME

(INCOME FROM ALIMONY, CHILD SUPPORT, ETC. NEED NOT BE REVEALED IF YOU DO NOT WISH THEM TO BE CONSIDERED AS A BASIS FOR PAYING THIS OBLIGATION)

MO. AMOUNT: _____ HOW LONG? _____ SOURCE: _____
MO. AMOUNT: _____ HOW LONG? _____ SOURCE: _____
MO. AMOUNT: _____ HOW LONG? _____ SOURCE: _____

ASSETS AND LIABILITIES

THIS STATEMENT AND ANY APPLICABLE SUPPORTING SCHEDULES MAY BE COMPLETED JOINTLY BY BOTH MARRIED AND UNMARRIED CO-BORROWERS IF THEIR ASSETS AND LIABILITIES ARE SUFFICIENTLY JOINED SO THAT THE STATEMENT CAN BE MEANINGFULLY AND FAIRLY PRESENTED ON A COMBINED BASIS; OTHERWISE, SEPARATE STATEMENTS AND SCHEDULES ARE REQUIRED.

WILL THIS SECTION BE COMPLETED ___ JOINTLY ___ NON JOINTLY

LIABILITIES AND PLEDGED ASSETS. LIST THE CREDITOR'S NAME, ADDRESS, AND ACCOUNT NUMBER FOR ALL OUTSTANDING DEBTS, INCLUDING AUTOMOBILE LOANS, REVOLVING CHARGE ACCOUNTS, REAL ESTATE LOANS, ALIMONY, CHILD SUPPORT, STOCK PLEDGES, ETC. USE CONTINUATION SHEET, IF NECESSARY. INDICATED BY (*) THOSE LIABILITIES, WHICH WILL BE SATISFIED UPON SALE OF REAL ESTATE OWNED.

LIABILITIES DESCRIPTION _____ MONTHLY PAYMENT \$ _____ MONTHS LEFT _____ BALANCE \$ _____

LIABILITIES DESCRIPTION _____ MONTHLY PAYMENT \$ _____ MONTHS LEFT _____ BALANCE \$ _____

LIABILITIES DESCRIPTION _____ MONTHLY PAYMENT \$ _____ MONTHS LEFT _____ BALANCE \$ _____

ASSET DESCRIPTION _____

CASH DEPOSIT TOWARD PURCHASE HELD BY _____

NAME AND ADDRESS OF BANK, S&L, OR CREDIT UNION _____

ACCOUNT NO. _____ CASH OR MARKET VALUE \$ _____

ASSET DESCRIPTION _____

CASH DEPOSIT TOWARD PURCHASE HELD BY _____

NAME AND ADDRESS OF BANK, S&L, OR CREDIT UNION _____

ACCOUNT NO. _____ CASH OR MARKET VALUE \$ _____

ASSET DESCRIPTION _____

CASH DEPOSIT TOWARD PURCHASE HELD BY _____

NAME AND ADDRESS OF BANK, S&L, OR CREDIT UNION _____

ACCOUNT NO. _____ CASH OR MARKET VALUE \$ _____

STOCKS & BONDS (CO. NAME/NUMBER & DESCRIPTION) _____

ACCOUNT NO. _____ CASH OR MARKET VALUE \$ _____

MONTHLY PAYMENT \$ _____ MONTHS LEFT _____ BALANCE \$ _____

LIFE INSURANCE (CO. NAME/NUMBER & DESCRIPTION) _____

ACCOUNT NO. _____ CASH OR MARKET VALUE \$ _____

REAL ESTATE OWNED _____ CASH OR MARKET VALUE \$ _____

VESTED INTEREST IN RETIREMENT FUND _____ CASH OR MARKET VALUE \$ _____

NET WORTH OF BUSINESS OWNED (ATTACH FINANCIAL STATEMENT) \$ _____ NAME OF BUSINESS _____

ALIMONY/CHILD SUPPORT/SEPARATE MAINTENANCE PAYMENTS OWED TO: _____ PER MO. \$ _____

JOB-RELATED EXPENSES (CHILD CARE, UNION DUES, ETC.) _____ PER MO. \$ _____

OTHER ASSETS (ITEMIZE) \$ _____

TOTAL MONTHLY PAYMENTS \$ _____

A. TOTAL ASSETS \$ _____ B. TOTAL LIABILITIES \$ _____ NET WORTH (A. MINUS B.) \$ _____

OTHER OCCUPANTS OF HOME

NAME: _____ D.O.B: _____ RELATIONSHIP: _____ SSN: _____ D.L# _____
NAME: _____ D.O.B: _____ RELATIONSHIP: _____ SSN: _____ D.L# _____
NAME: _____ D.O.B: _____ RELATIONSHIP: _____ SSN: _____ D.L# _____
NAME: _____ D.O.B: _____ RELATIONSHIP: _____ SSN: _____ D.L# _____

PET INFORMATION (ONLY 1 PET IS ALLOWED PER HOUSEHOLD)

*CAT OR DOG? _____ BREED: _____ NAME: _____

EMERGENCY CONTACT INFORMATION

NAME: _____
PHONE: _____ ADDRESS: _____ RELATIONSHIP: _____

VEHICLE INFORMATION

(LIST ALL CARS, TRUCKS, RV'S, BOATS, TRAILERS, ETC)

YEAR: _____ COLOR: _____ MAKE: _____ MODEL: _____ PLATE NO: _____
YEAR: _____ COLOR: _____ MAKE: _____ MODEL: _____ PLATE NO: _____
YEAR: _____ COLOR: _____ MAKE: _____ MODEL: _____ PLATE NO: _____
YEAR: _____ COLOR: _____ MAKE: _____ MODEL: _____ PLATE NO: _____

HOME INFORMATION

ADDRESS YOU ARE APPLYING FOR: _____ IS THE ADDRESS YOU ARE APPLYING FOR:
___ VACANT LOT ___ HOME FOR SALE BY OWNER ___ NEW IN HOUSE FINANCED ___ USED IN HOUSE FINANCED ___ TAKE OVER PMTS.
___ MOVE OVER ___ LOOKING ___ OTHER EXPLAIN _____

ADDITIONAL INFORMATION (APPLICANT AND CO-APPLICANT)

HAS ANY PERSON FILED BANKRUPTCY IN THE LAST 7 YEARS? YES NO IF YES, WHO? _____
HAD ANY JUDGEMENTS, REPOSSESSIONS, GARNISHMENTS, OR LEGAL PROCEEDINGS FILED AGAINST YOU IN THE LAST 7 YEARS? YES NO, IF YES WHO? _____
HAS ANY PERSON HAD A PROPERTY FORECLOSED ON IN THE LAST 7 YEARS? YES NO IF YES WHO? _____
IS ANY PERSON A PARTY TO A LAWSUIT? YES NO IF YES, WHO? _____
HAS ANY PERSON BEEN CONVICTED OF A FELONY OR IS A REGISTERED SEX OFFENDER? YES NO IF YES WHO? _____
HAS EITHER PERSON EVER BEEN ASKED TO TERMINATE YOUR RESIDENCE OR EVER BEEN EVICTED? YES NO IF YES WHO? _____
HOW DID YOU HEAR ABOUT US/Referral? _____
ADDITIONAL EXPLANATION: _____

PLEASE SUBMIT THE COMPLETED APPLICATION ALONG WITH THE FOLLOWING:

- Most recent paystubs (at least 1 month of income)
- Federal income tax returns (past 2 years) with all schedules & W2's/1099's
- If self-employed, last 2 years complete business tax returns for all businesses owned.
- Bank statement, checking and or savings.
- Picture identification for everyone over 18 years of age.
- Social security cards for everyone over 18 years of age.

*There may be additional items or information needed. Documents can be emailed, faxed or presented in person.

You must supply proof of any income listed on application, minimum 2 years required. Email: tjones@arlingtonestaes.comcastbiz.net

ADDITIONAL COMMENTS:

I/we hereby declare that all statements made in this application are true and correct. I/we are applying for residence in the community named above. I/we hereby authorize the community and/or the community's manager to obtain a consumer report, and any information it deems necessary, for the purpose of evaluating my/or application. I/we agree that verification or re-verification of any information contained in this application may be made at any time by the community or community manager either directly or through a credit- reporting agency, criminal background check, employment/income verification, or landlord reference check. I/we understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other information. I/we hereby expressly release the community, community's manager and any procurer or furnisher of such information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my/our application information may be provided to various local, state and/or federal government agencies, including without limitation various law enforcement agencies. I/we authorize the community and community's manager to provide a photocopy of this application to others to prove my/our authorization for the release of information by others. The community and community manager will rely on the information contained in this application; I/we agree to update the information if any material facts change prior to closing or occupancy. I/we authorize the Community and Community manager to release to third parties any information necessary to monitor the status of the insurance sold to me on my property. The Community, Community manager and/or one of their affiliates may earn a commission in connection with any insurance sold to me/us to the extent permitted by law. This application is not a contract, lease, or a home-site reservation and gives me/us no rights of tenancy, no rights to purchase a manufactured home and no rights to obtain any type of loan. I/we understand that, if Community or Community's manager cannot verify any of the information provided herein, this application may be denied. In addition, providing false information on this application may result in denial of the application or result in termination of tenancy.

Certification: I/we certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the Creditor, Community, Community manager or their agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentations which I/we have made on this application.

Applicant's signature _____ Date _____ Co-Applicant's signature _____ Date _____

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 not discriminate either on the basis of this information, or 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 furnish ethnicity, race, or sex, under Federal regulation, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. 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.)

APPLICANT

ETHNICITY

I DO NOT WISH TO FURNISH THIS INFORMATION
 HISPANIC OR LATINO NOT HISPANIC OR LATINO

RACE

AMERICA INDIAN OR ALASKA NATIVE
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 ASIAN WHITE
 BLACK OR AFRICAN AMERICAN

SEX

MALE FEMALE

MARITAL STATUS

MARRIED / / DATE MARRIED
 UNMARRIED (INCLUDES NEVER MARRIED, DIVORCED & WIDOWED)
 SEPARATED (LEGALLY)

CO-APPLICANT

ETHNICITY

I DO NOT WISH TO FURNISH THIS INFORMATION
 HISPANIC OR LATINO NOT HISPANIC OR LATINO

RACE

AMERICA INDIAN OR ALASKA NATIVE
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 ASIAN WHITE
 BLACK OR AFRICAN AMERICAN

SEX

MALE FEMALE

MARITAL STATUS

MARRIED / / DATE MARRIED
 UNMARRIED (INCLUDES NEVER MARRIED, DIVORCED & WIDOWED)
 SEPARATED (LEGALLY)

TO BE COMPLETED BY LOAN ORIGINATOR

THIS INFORMATION WAS PROVIDED IN A FACE TO FACE INTERVIEW IN A TELEPHONE INTERVIEW
 BY THE APPLICANT AND SUBMITTED BY FAX OR MAIL BY THE APPLICANT AND SUBMITTED VIA E-MAIL OR THE INTERNET

LOAN ORIGINATORS NAME _____ LOAN ORIGINATOR IDENTIFIER _____

LOAN ORIGINATORS COMPANY'S NAME _____ LOAN ORINATION CO. IDENTIFIER _____

COMPANY ADDRESS _____ COMPANY PHONE _____

LOAN ORIGINATOR SIGNATURE

DATE