

SALESPERSON: Rick Gerner / Nadine Garcia
DEALER Mobile Home City Inc.
PHONE NUMBER 281-342-3335 / Fax 281-342-2965
Items Included ☐ Form 500 ☐ Credit In file ☐ Land Worksheet MH

APPLICANT PERSONAL			CO-APPLICANT PERSONAL		
FULL NAME:		AGE:	FULL NAME:		AGE:
DEPENDENT CHILDREN		___ SINGLE	DEPENDENT CHILDREN		___ SINGLE
MARITAL STATUS		___ MARRIED	MARITAL STATUS		___ MARRIED
		___ SEPARATED			___ SEPARATED
NUMBER ___ AGES _____			NUMBER ___ AGES _____		
SOCIAL SECURITY NO.		HOME PHONE NUMBER	SOCIAL SECURITY NO.		HOME PHONE NUMBER
PRESENT STREET ADDRESS			PRESENT STREET ADDRESS		
CITY, STATE, ZIP		MONTHLY RENT OR	CITY, STATE, ZIP		MONTHLY RENT OR
MTG PAYMENT _____			MTG PAYMENT _____		
HOW LONG AT			HOW LONG AT		
PRESENT ADDRESS? ___OWN___RENT___OTHER			PRESENT ADDRESS? ___OWN___RENT___OTHER		
LANDLORD OR MORTGAGE		PHONE NUMBER	LANDLORD OR MORTGAGE		PHONE NUMBER
HOLDER NAME			HOLDER NAME		
PREVIOUS ADDRESS (if less than 2 yrs) HOW LONG?			PREVIOUS ADDRESS (if less than 2 yrs) HOW LONG?		
CITY, STATE & ZIP			CITY, STATE & ZIP		
___OWN___RENT___OTHER			___OWN___RENT___OTHER		

APPLICANT EMPLOYMENT		CO-APPLICANT EMPLOYMENT	
EMPLOYER NAME		EMPLOYER NAME	
ADDRESS		ADDRESS	
POSITION	WORK NUMBER	POSITION	WORK NUMBER
MONTHLY GROSS INCOME	HOW LONG	MONTHLY GROSS INCOME	HOW LONG
OTHER MONTHLY INCOME	EXPLAIN	OTHER MONTHLY INCOME	EXPLAIN
PRIOR EMPLOYER (if less than 2 years)		PRIOR EMPLOYER (if less than 2 years)	
ADDRESS		ADDRESS	
MONTHLY GROSS INCOME	HOW LONG	MONTHLY GROSS INCOME	HOW LONG

CREDIT REFERENCES		INDICATE RELATIONSHIP OR OWNERSHIP OF ACCOUNT BY CIRCLING EITHER		A - APPLICANT CA-CO-APPLICANT
A/CA	CHECKING ACCOUNT WITH (NAME)	PHONE NUMBER	APPROX. AVG. BALANCE	ACCT NUMBER
A/CA	SAVING ACCOUNT WITH (NAME)	PHONE NUMBER	APPROX. AVG. BALANCE	ACCT NUMBER
A/CA	1 ST VEHICLE FINANCED WITH (NAME)		APPROX. AVG. BALANCE	MONTHLY PMT
A/CA	2 ND VEHICLE FINANCED WITH (NUMBER)		APPROX. AVG. BALANCE	MONTHLY PMT

LIST OTHER OBLIGATIONS BELOW INCLUDING ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE
ATTACH ADDITIONAL SHEET IF NECESSARY

CREDITOR NAME	PAYMENT	BALANCE	DATE OPEN	# LATE PAYS	ACCOUNT NUMBER
A/CA					
A/CA					
A/CA					
A/CA					
IF ANSWERED IS YES TO FOLLOWING PLEASE EXPLAIN			IF ANSWER IS YES TO FOLLOWING PLEASE EXPLAIN		
A C/A			A C/A		
1-HAVE YOU DECLARED BANKRUPTCY IN THE LAST 10 YEARS			4-ARE YOU A CO-MAKER OR ENDORSER ON ANY NOTE		
2-ARE THERE ANY OUTSTANDING JUDGEMENTS AGAINST YOU			5-DO YOU HAVE ANY UNPAID COLLECTION ACCOUNTS		
3-HAVE YOU HAD ANY REPOSSESSIONS OR FORECLOSURES IN LAST 7 YRS			6-ALIMONY, CHILD SUPPORT AMOUNT _____		

I/We certify the information herein provided is true and accurate to the best of my/our knowledge. The information herein provided to Fort Bend Financial Corporation (FBFG) is for the purpose of investigating credit references, banks for deposit, present and former lenders, past and present employers, and other sources. FBFG may be considered essential to the credit data research process. I/We recognize we do not have to furnish the information, but failure to provide same may delay the process and/or result in a rejection. As part of the application process, FBFG, its successors, and/or assigns any manufactured housing retailer or its salesperson, any real estate broker or agent, or any FBFG investor or mortgage guaranty insurer (if any)may verify the information contained in my/our application and are further authorized to release, discuss, and exchange information regarding the application and terms of approval. I/We acknowledge FBFG will rely on this information in considering my/our mortgage loan application for approval. I/We understand FBFG will verify the information provided herein and I/We authorize FBFG to obtain a credit report through a credit agency.

APPLICANT SIGNATURE_____	DATE_____	CO-APPLICANT SIGNATURE_____	DATE_____
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