Please Note: We only accept applications for property located in New Jersey, Delaware and Pennsylvania When completed, please fax application to 610-631-1300 or mail to: AMHF Loans, 1020 Windy Hill Rd., Norristown, PA 19403

1020 Windy Hill				A Divisior	n of Millennium M	ortgage Co	rporatio	n					1-1300		
	Road -		wii, i		website! h				000-00	0-0049 -	I ax	010-03	1-1300		
		NEW	USE		PARK 🗌 L	AND H	OME	APPLICATION TA			BY MAI	L BY FAX	BY PHONE		
PURCHASE PRICE			D	OWN PAYMENT					FINANCE AMO	DUNT					
HOME MODEL/ YEAR	E MODEL / YEAR HOME MANUFACTURER				HOME LENGTH & WIDTH				LOT RENT						
STREET ADDRESS OF MANUFACTURED HOME				CITY	СІТҮ				STATE		ZIP CODE				
PARK NAME				I	SELLER/BROKER										
DO YOU INTEND TO USE YOUR MO	BILE HOME	AS YOUR PR	NCIPAL	DWELLING?	1	<b>YES</b>									
DO YOU INTEND TO USE THIS MOE ARE YOU PURCHASING THIS MOB								□ NO □ NO							
		OK ANOTHER	PERSC												
APPLICANT	0					000141	050110			DATE OF BIR					
FULL NAME (First, Middle Initial, Last	, Suffix)				SOCIA			CIAL SECURITY NUMBER			н		ARE YOU A U.S. CITIZEN?		
CURRENT STREET ADDRESS				CITY			🗌 Ho	omeowner 🗌 Re	nter Other	STATE	ZIP	CODE	YEARS THERE		
							Mo. Rent/MTG \$			_					
PREVIOUS STREET ADDRESS (IF	LESS THAN	2 YRS AT CU	RRENT)	CITY	CITY			lomeowner 🗌 Renter 🗌 Othe		STATE	ZIP CODE		YEARS THERE		
NUMBER OF DEPENDENTS	DEPENDE	NT AGES						Mo. Rent/MTG \$	MARITAL SI			ried	Separated		
HOME PHONE	WORK PHONE				CELL PHONE				EMAIL ADDRESS						
EMPLOYER NAME Chec			Check if Se	Self-Employed DOSITION/TITLE				GROSS MONTHLY INCOME			YEARS THERE				
EMPLOYER ADDRESS															
				CITY		1				STATE		ZIP CODE			
PREVIOUS EMPLOYER NAME (IF LESS THAN 2 YRS AT CURRENT)				POSIT			OSITION/TITLE			GROSS MONTHLY INCOME					
CO-APPLICANT															
FULL NAME (First, Middle Initial, Last, Suffix)				s			SOCIAL SECURITY NUMBER			DATE OF BIRTH		ARE YOU A U.S. CITIZEN?			
CURRENT STREET ADDRESS C			CITY	Homeowner Renter Mo. Rent/MTG \$			nter 🗌 Other	STATE ZIP CODE			YEARS THERE				
PREVIOUS STREET ADDRESS (IF LESS THAN 2 YRS AT CURRENT) CI			CITY	лтү			Homeowner Renter Oth Mo. Rent/MTG \$			STATE ZIP CODE		YEARS THERE			
NUMBER OF DEPENDENTS	DEPENDEN	TAGES							MARITAL ST		Unmar	ried	Separated		
HOME PHONE		WORK PHONE			CELL PHONE				EMAIL ADDRESS						
EMPLOYER NAME Ch			Check if Se	Check if Self-Employed 🗌			POSITION/TITLE			GROSS MONTHLY INCOME					
EMPLOYER ADDRESS				CITY		,				STATE		ZIP CODE			
PREVIOUS EMPLOYER NAME (IF LI	ESS THAN 2	YRS AT CURR	ENT)			POSITIO	N/TITLE	5		GROSS MON	THLY IN	COME	YEARS THERE		
Have you or the co-applican	t ever filed	d bankrupto	;y?	🗌 YES	NO	If yes	, date	discharged							
If yes, please explain															
Are there any outstanding judgments, garnishments or other legal proceedings against you?															
If yes, please explain															
Have you ever obtained credit under another name?															
If yes, list name															

BANK REFERENCES:											
BANK – CHECKING	ADDRESS		ACCOUNT NO.				CHECKING BALANCE				
BANK – SAVINGS	ADDRESS	ACCOUNT NO.				\$ SAVINGS BALANCE					
					\$	\$					
AUTOMOBILES OWNED:											
YEAR /MAKE/MODEL OF AUTOMOBILE OWNED	CREDITOR	ACCT #	# UNPAID BALANCE #			AID BALANCE #	MONTHLY PMT.				
YEAR /MAKE/MODEL OF AUTOMOBILE OWNED	CREDITOR	ACCT #			UNPAID BALANCE #			\$ MONTHLY PMT.			
	-						\$	\$			
INDEBTEDNESS & CREDIT REFERENCES LIST CREDIT & INDEBTEDNESS BELOW. IF NON LIABLE. (INDICATE BY CHECK MARK ( 🗸 ) LOANS LIS	E, LIST CREDIT REFER							ILL BE C	ONTRACTUALLY		
NAME OF CREDITOR	PURPOSE OF CREDIT LINE				MT. UNPAID BAL.		. 🗸	MONTHLY PMTS.			
									\$		
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INFORMATION FOR GOVERNMENT MON	ITORING PURPOS	ES:							Ψ		
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 su under applicable state law for the particular type of loan applied for.)           APPLICANT         I do not wish to furnish this information         CO-APPLICANT         I do not wish to furnish this information           SEX:         Male         Female         SEX:         Male         Female           RACE/NATIONAL ORIGIN:         American Indian or Alaska Native         RACE/NATIONAL ORIGIN:         American Indian or Alaska Native           Black or African American         White         Black or African American         White           ETHNICITY:         Hispanic or Latino         Not Hispanic or Latino         ETHNICITY:         Hispanic or Latino							ation her Pacific Islander White				
ETHNICITY:       Hispanic or Latino       Not Hispanic or Latino       ETHNICITY:       Hispanic or Latino       Not Hispanic or Latino         IMPORTANT PRIVACY NOTICE REGARDING OUR DISCLOSURE OF NON-PUBLIC INFORMATION ABOUT YOU:       Evidence of physical damage insurance on the collateral securing the loan you seek is required at closing. By submitting this application, you authorized us to disclose any non-public information about you to an independent insurance company for the purpose of providing you with a quote for such insurance. You are under no obligation whatsoever to purchase insurance from the insurance company making the quote. However, if you do not want us to disclose such non-public information in order to obtain a quote for you, simply click in the circle at the end of this paragraph and no non-public information will be disclosed. The decision to extend credit to you is not conditioned upon your agreement to allow us to disclose such non-public information. If you wish to receive a copy of our privacy policy, please call us at 800-563-3549 or visit our website at www.amhf.com.         You have applied to us for credit in connection with your application. We may request a credit report on you from a credit reporting agency and if you ask us, we will give you its name and address. If the credit you request is or has been denied, you have the right to make a request for and to receive a statement of the lender's property. You have the right to a copy of the appraisal used relative to your application at no cost. For a copy, write to: American Mobile Home Finance, 1020 Windy Hill Road, Norristown, PA 19403 within 90 days after we notify you of the action taken, or you withdraw your application. We may request a cell or broker on your behalf) may apply for financing on the mobile home described in this application is hereby authorized to investigate your credit											
Applicant's Signature	Date	Co-A	pplicant's	Signat	ture			Date			