



American Mobile Home Finance

A Division of Millennium Mortgage Corporation

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Visit our website! <https://amhf-loans.com>

<input type="checkbox"/> Purchase	<input type="checkbox"/> Refinance	<input type="checkbox"/> New	<input type="checkbox"/> Used	<input type="checkbox"/> In-Park	<input type="checkbox"/> Land Home
Purchase Price:		Down Payment <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> Other:			Finance Amount:
Home Model/Year:		Manufacturer:		Home Length & Width:	
Street Address of Manufactured Home:			City:		State: Zip:
Park Name:			Seller/Realtor:		

Property will be:	<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Non Primary Residence/Seasonal	<input type="checkbox"/> Investment/Rental
Purpose of the Loan:	<input type="checkbox"/> Purchase home only	<input type="checkbox"/> Purchase home and land	<input type="checkbox"/> Refinance

(A) APPLICANT		(B) CO-APPLICANT	
FULL NAME - Last, First, Middle		FULL NAME - Last, First, Middle	
Birth Date:	Social Security #:	Birth Date:	Social Security #:
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
# Dependents:	Ages:	# Dependents:	Ages:
Email Address:		Email Address:	

APPLICANT'S RESIDENCE		CO-APPLICANT'S RESIDENCE	
Current Street Address (3 Years Residence Required, attach supplement if needed)		Current Street Address (3 Years Residence Required, attach supplement if needed)	
City, State, Zip:	County:	City, State, Zip:	County:
Mailing Address (if different from physical)	Phone	Mailing Address (if different from physical)	Phone
How long at present address? Yrs Mo	<input type="checkbox"/> Homeowner * <input type="checkbox"/> Other <input type="checkbox"/> Renter <input type="checkbox"/> Parent	Mo. Mrtg/Rent:	How long at present address? Yrs Mo
Name of Mortgage Holder or Landlord:	Telephone number:	Name of Mortgage Holder or Landlord:	Telephone number:
*If homeowner, what do you intend to do with the existing home?		*If homeowner, what do you intend to do with the existing home?	
Previous address (if current address is less than 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 NOT living with you:	Phone:	Name of nearest Relative NOT living with you:	Phone:

APPLICANT'S EMPLOYMENT HISTORY (Minimum Three Years, attach supplement if needed)			
1-Current Employer:	Position Held:	Date Started:	
City, State:	Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name and Telephone Number:	
What is your gross (before taxes) base pay rate excluding commission, bonuses, and overtime: \$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
Do you receive bonuses/commission? _____ How often? _____ How much over the last 12 months \$ _____			
Do you consistently receive overtime? _____ How often? _____ How much in overtime over the last 12 months \$ _____			
2-Second or Previous Employer:	Position Held:	Date Started:	Date Left:
City, State:	Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name and Telephone Number:	
Income:		Income:	
3-Previous Employer:	Position Held:	Date Started:	Date Left:
City, State:	Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name and Telephone Number:	
Income:		Income:	

Please provide an explanation for any job gaps greater than 30 days.

DEMOGRAPHIC INFORMATION OF APPLICANT AND CO-APPLICANT

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. You may select one or more designations for "Ethnicity" and one or more designations for "Race." 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. If you do not wish to provide some or all of this information, please check below.

APPLICANT	CO-APPLICANT
<p>Ethnicity: – <i>Check one or more</i></p> <input type="checkbox"/> Hispanic or Latino <ul style="list-style-type: none"> <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:</i> <hr/> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	<p>Ethnicity: – <i>Check one or more</i></p> <input type="checkbox"/> Hispanic or Latino <ul style="list-style-type: none"> <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on:</i> <hr/> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information
<p>Race: - <i>Check one or more</i></p> <input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe:</i> <hr/> <input type="checkbox"/> Asian <ul style="list-style-type: none"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on:</i> <hr/> <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <ul style="list-style-type: none"> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on:</i> <hr/> <input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information	<p>Race: - <i>Check one or more</i></p> <input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe:</i> <hr/> <input type="checkbox"/> Asian <ul style="list-style-type: none"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on:</i> <hr/> <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <ul style="list-style-type: none"> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on:</i> <hr/> <input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information
<p>Sex:</p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information	<p>Sex:</p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information

TO BE COMPLETED BY THE FINANCIAL INSTITUTION (for an application taken in person)

APPLICANT	CO-APPLICANT
Was the ethnicity of the applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the ethnicity of the co-applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the race of the applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the race of the co-applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the sex of the applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the sex of the co-applicant collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No

THE DEMOGRAPHIC INFORMATION WAS PROVIDED THROUGH:

- Face-to-Face Interview (includes Electronic Media w/ Video Component)
 Telephone Interview
 Fax or Mail
 Email or Internet