

MODERN FINANCIAL

PLANS & SERVICES, INC.

PHONE - 1-800-523-5686
FAX - (215) 781-3715 OR 781-3716

117 Neshaminy Rd., P.O. Box 330, Croydon, PA 19021

CHECK BOX FOR JOINT ACCOUNT: [] If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information in Part III, below, about the Joint Applicant or user.

We intend to apply for Joint Credit.

Applicant

Co-Applicant

MANUFACTURED HOME CREDIT APPLICATION

IMPORTANT: Lender/Dealer Must Complete Part I Before Applicant Completes Application.

CHECK APPLICABLE BOX INDIVIDUAL ACCOUNT-SECURED INDIVIDUAL ACCOUNT (RELYING ON INCOME OF SPOUSE OR OTHER PERSON)
 JOINT ACCOUNT

DATE	AMOUNT REQUESTED	TERM	PAYMENT DATE DESIRED	PROCEEDS OF LOAN TO BE USED FOR
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APPLICANT INSTRUCTIONS - **PERSONAL** Part II Must Be Completely Filled-In Except For Shaded Areas Which Are Optional.

TITLE OPTIONAL <input type="checkbox"/> MS <input type="checkbox"/> MR <input type="checkbox"/> MISS <input type="checkbox"/> MRS	NAME LAST FIRST MIDDLE	No. of Dep.	DATE OF BIRTH
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ADDRESS NO. & STREET CITY COUNTY STATE ZIP CODE YEARS	SOCIAL SECURITY NO.
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FORMER ADDRESS NO. & STREET CITY COUNTY STATE ZIP CODE YEARS	RESIDENCE PHONE
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ARE YOU A U.S. CITIZEN? YES NO IF NO, DESCRIBE IMMIGRATION STATUS DO NOT COMPLETE IF THIS APPLICATION IS FOR INDIVIDUAL UNSECURED CREDIT. MARRIED SEPARATED UNMARRIED (INC. SINGLE, DIVORCED, WIDOWED)

YOUR JOB PRESENT EMPLOYER POSITION NO. YEARS THERE	WAGES \$ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY
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ADDRESS NO. & STREET CITY STATE	BADGE NO.	BUSINESS PHONE
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FORMER EMPLOYER (IF LESS THAN 3 YEARS)	ADDRESS
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OPTIONAL INCOME Allimony or child support or separate maintenance payments are optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit. \$ MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY SOURCE

ADDITIONAL INCOME INVESTMENT INCOME \$ MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY SOURCE

FINANCIAL CHECKING - BANK BRANCH SAVINGS BRANCH
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DEBTS - LIST ALL BANKS, STORES, LOAN & FINANCE COMPANIES, CREDIT UNIONS AND OTHERS TO WHOM YOU ARE INDEBTED. INCLUDE ANY REVOLVING LINE OF CREDIT. USE EXTRA SHEET IF NECESSARY

IF NECESSARY	CREDITOR	MONTHLY PAYMENT	PRESENT BALANCE	CREDITOR	MONTHLY PAYMENT	PRESENT BALANCE
LANDLORD OR MORTGAGE HOLDER 1 <input type="checkbox"/> RENT <input type="checkbox"/> OWN			4			
AUTO - LIENHOLDER 2			5			
3			6			

OTHER OBLIGATIONS NO. OF DEPENDENTS AND AGES TOTAL MONTHLY LIABILITY TO PAY ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE \$

CREDIT REFERENCES	1	3
	2	4

PREVIOUS CREDIT I HAVE RECEIVED CREDIT IN THE PAST WHILE USING THE FOLLOWING NAME	NAME	CREDITOR	YEAR
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ARE YOU A CO-MAKER, ENDORSER OR GUARANTOR ON ANY LOAN OR CONTRACT? YES NO IF "YES" FOR WHOM? TO WHOM?

ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU? YES NO OMIT IF MORE THAN 7 YEARS AMOUNT \$ IF "YES" TO WHOM OWED?

WERE YOU EVER BANKRUPT? YES NO OMIT IF MORE THAN 10 YEARS IF "YES" WHERE? YEAR

NAME OF NEAREST RELATIVE OR FRIEND NOT LIVING WITH YOU	ADDRESS	PHONE
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DESCRIPTION OF PROPERTY SECURING CREDIT (IF APPLICABLE)

PART III-CO-APPLICANT/USER: **PERSONAL** To Be Checked by Lender.

JOINT ACCOUNT INDIVIDUAL ACCOUNT (RELYING ON INCOME OF SPOUSE OR OTHER PERSON)

Co-Applicant/User Instructions Must Be Completely Filled In Except for Shaded Areas Which Are Optional.

TITLE OPTIONAL <input type="checkbox"/> MS <input type="checkbox"/> MR <input type="checkbox"/> MISS <input type="checkbox"/> MRS	NAME LAST FIRST MIDDLE	No. of Dep.	DATE OF BIRTH
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ADDRESS NO. & STREET CITY COUNTY STATE ZIP CODE YEARS	SOCIAL SECURITY NO.
--	---------------------

FORMER ADDRESS NO. & STREET CITY COUNTY STATE ZIP CODE YEARS	RESIDENCE PHONE
---	-----------------

YOUR JOB PRESENT EMPLOYER POSITION NO. YEARS THERE	WAGES \$ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY
---	--

ADDRESS NO. & STREET CITY STATE	BADGE NO.	BUSINESS PHONE
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FORMER EMPLOYER (IF LESS THAN 3 YEARS)	ADDRESS
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ADDITIONAL INCOME INVESTMENT INCOME \$ MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY SOURCE

DEBTS - LIST ALL BANKS, STORES, LOAN & FINANCE COMPANIES, CREDIT UNIONS AND OTHERS TO WHOM YOU ARE INDEBTED. INCLUDE ANY REVOLVING LINE OF CREDIT.

Table with columns: CREDITOR, MONTHLY PAYMENT, PRESENT BALANCE, CREDITOR, MONTHLY PAYMENT, PRESENT BALANCE. Includes sections for Landlord or Mortgage Holder, Auto - Lienholder, Other Obligations, Credit References, and Previous Credit.

PART III

CREDIT INQUIRIES

I/WE AUTHORIZE the Lender to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on the application.

NOTICE TO GUARANTOR: If you are providing information to the Lender on this Application for the purpose of acting as a guarantor for one or more primary applicant(s) and the Lender determines that you, as a guarantor, do not meet the credit underwriting standards for this particular loan and/or amount, be advised that the Lender is required by law to, and will, provide an adverse action notice detailing the specific reasons for the credit denial directly to the primary applicant(s) and not to you.

As a guarantor, be prepared to share any specific reasons for adverse action based on your credit history with the primary applicant(s). If you are unwilling to share this information, you should not complete this application in the capacity of guarantor.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents and make copies.

IMPORTANT: THIS APPLICATION MUST BE SIGNED AND DATED BELOW, BEFORE IT CAN BE PROCESSED.

SIGNATURE OF APPLICANT DATE SIGNATURE OF CO-APPLICANT DATE

BANK/DEALER WORK SHEET

DEALER SALESMAN DATE/TIME CALLED IN

DESCRIPTION OF ITEM BEING PURCHASED

Brand Name Mfg. By Year Make Model Size Serial # Invoice \$ Extra Equipment and Cost (Not Included on Factory Invoice) \$ Address Where Manufactured Home is to be Placed Name of Park or Property Owners Lot Rent \$

- 1. CASH PRICE \$ 2. CASH DOWN \$ 3. TRADE-IN \$ 4. TOTAL DOWNPAYMENT 2+3 \$ 5. UNPAID BALANCE (1 - 4) \$ 6. SALES TAX \$ 7. TITLE FEE \$ 8. PROPERTY INSURANCE PREMIUM \$ 9. A & H PREMIUM \$ 10. CREDIT LIFE PREMIUM \$ 11. TOTAL OTHER CHARGES 6 + 7 + 8 + 9 + 10 \$ 12. UNPAID BALANCE AND AMOUNT FINANCED 5 + 11 \$ 13. FINANCE CHARGE \$ 14. TOTAL OF PAYMENTS (12 + 13) \$

INSURANCE: P.D. INSURANCE CREDIT LIFE A & H OTHERS

ANNUAL PERCENTAGE RATE % Payable in Monthly Installments of \$

TO BE COMPLETED FOR HOME IMPROVEMENT AND MANUFACTURED HOME LOANS ONLY

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.

APPLICANT: [] I do not wish to furnish this information. Ethnicity: [] Hispanic or Latino [] Not Hispanic or Latino Race: [] American Indian or Alaska Native [] Asian [] Black or African American [] Native Hawaiian or other Pacific Islander [] White Sex: [] Female [] Male

BANK USE ONLY:

Identification: APPLICATION TAKEN BY: MAIL TELEPHONE INTERNET FACE-TO-FACE INTERVIEW Interviewer's Signature: Name and/or Title

PROPERTY LOCATION

Table with 4 columns: MSA Number, State Code, County Code, Census Tract