

Mid-State Mfg. Housing, Corp.

Credit Application

Please Fax Credit Application To (405)-527-0809

Write In Salesperson Name Here:

APPLICANT INFORMATION				CO-APPLICANT INFORMATION			
FULL NAME-First Middle Last				FULL NAME-First Middle Last			
SS#:		Birthdate:		SS#:		Birthdate:	
# of Dependents:		Ages:		# of Dependents:		Ages:	
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, etc.)		SEX: (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female		MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, etc.)		SEX: (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	
PRESENT STREET ADDRESS: (5 Year Residence Required)				PRESENT STREET ADDRESS: (5 Year Residence Required)			
CITY, STATE, ZIP CODE			COUNTY	CITY, STATE, ZIP CODE			COUNTY
HOW LONG AT PRESENT ADDRESS: Years Months			HOME PHONE #	HOW LONG AT PRESENT ADDRESS: Years Months			HOME PHONE #
RESIDENTIAL STATUS? <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Parents <input type="checkbox"/> Other			Mo. Rent/Mtg. Pymt:	RESIDENTIAL STATUS? <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Parents <input type="checkbox"/> Other			Mo. Rent/Mtg. Pymt:
LANDLORD OR MORTGAGE HOLDERS NAME:			PHONE:	LANDLORD OR MTG HOLDER NAME:			PHONE:
BALANCE OF MORTGAGE:		ACCOUNT #:		BALANCE OF MORTGAGE:		ACCOUNT #	
Prev. Add. (If less than 3yrs at present)		HOW LONG: Yrs Mos		Prev. Add. (If less than 3yrs at present)		How Long: Yrs Mos	
		LANDLORD'S PHONE:				LANDLORD'S PHONE:	
APPLICANT EMPLOYMENT (Minimum 3 year History)				CO-APPLICANT EMPLOYMENT (Minimum 3 year History)			
EMPLOYER'S NAME:		EMPLOYER'S CITY & STATE:		EMPLOYER'S NAME:		EMPLOYER'S City, State:	
EMPLOYER'S BUSINESS:		SUPERVISOR:		EMPLOYER'S BUSINESS:		SUPERVISOR:	
SALARY (Gross): \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year		WORK PHONE:		SALARY (Gross): \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year		WORK PHONE:	
JOB TITLE:		HIRE DATE:		JOB TITLE:		HIRE DATE:	
PREVIOUS EMPLOYER:		EMPLOYED FROM: TO:		PREVIOUS EMPLOYER:		EMPLOYED FROM: TO:	
Previous Employer Address:		PHONE:		Previous Employer Address:		PHONE:	
OTHER INCOME NOTE: Alimony, child support, or separate maintenance incomes do not have to be revealed unless the applicant wishes to have such sources considered as a basis of repayment of the required credit.							
SOURCE:		MONTHLY AMOUNT:		SOURCE:		MONTHLY AMOUNT:	

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CREDIT REFERENCES (Indicate Debt Ownership By Checking The Appropriate Box)			
CHECKING ACCOUNT WITH: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant		ACCOUNT #:	
SAVINGS ACCOUNT WITH: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant		ACCOUNT #:	
APPLICANT'S OBLIGATIONS (Indicate Debt Ownership By Checking The Appropriate Box)			
Last Vehicle Financed By: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant		<input type="checkbox"/> Date Purchas	Make, Model, Year of Vehicle:
Address:		Phone:	Monthly Payment:
			Amount Past Due:
Last Vehicle Financed By: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant		<input type="checkbox"/> Date Purchas	Make, Model, Year of Vehicle:
Address:		Phone:	Monthly Payment:
			Amount Past Due:
List all other ovlgations including the liability of alimony, child support, or separate maintenance. Be sure to list all accounts.			
Creditor Name, Address, & Phone Number: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant		Account Number:	Current Balance:
			Monthly Payment:
Creditor Name, Address, & Phone Number: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant		Account Number:	Current Balance:
			Monthly Payment:
Creditor Name, Address, & Phone Number: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant		Account Number:	Current Balance:
			Monthly Payment:
Creditor Name, Address, & Phone Number: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant		Account Number:	Current Balance:
			Monthly Payment:
Relative Living Nearest Applicant:		Relationship:	Relative's Phone #:
Relative Living Nearest Applicant:		Relationship:	Relative's Phone #:

I HEREBY DECLARE THAT ALL OF THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT AND ARE MADE FOR THE PURPOSE OF OBTAINING CREDIT. THE CREDITOR IS AUTHORIZED TO INVESTIGATE MY CREDIT RECORD, TO VERIFY MY CREDIT, EMPLOYMENT AND INCOME REFERENCES, TO OBTAIN SUCH OTHER INFORMATION AS THE CREDITOR DEEMS NECESSARY, AND TO GIVE CREDIT REPORTING AGENGIES (CREDIT BUREAUS) AND OTHERS INFORMATION REGARDING THE CREDITOR'S CREDIT EXPERIENCE WITH ME.

Applicant's Signature X: _____ Co-Applicant's Signature X: _____

Applicant's DL Number & State: _____ Co-Applicant's DL Number & State: _____