In-House Credit Application				VERSION 03/2
Attn: In House Finance Fax: 972-294-3765		NMLS#176755	1600 Airpo	rt Fwy, Suite 100 Bedford, TX 7602
Dealer Name:	DEALERSHIP Phone Number:	INFORMATION	Fax Num	her
				Det.
	BORROWER	INFORMATION		
Name:	DOD	Name:		DOD
SS#: Phone:	DOB:	SS#:	Phone:	DOB:
Email:		Email:		
	d (Single, Divorced, Widowed)		oarated Unm	harried (Single, Divorced, Widowed)
Dependents:	bh au	Dependents:	Our	Other
Present Address Own Rent O (Street, City, State, Zip)	ther	Present Address (Street, City, State, Zip)	Own Rent	Other
Mo	ve-in Date:			Move-in Date:
\$	/Month			\$ /Month
Complete The Following:If Residing At Present Address For Less Than 2 Years.Present AddressOwnRentOr(Street, City, State, Zip)OrOr	ther	Complete The Following: If Residing At Present Add Present Address (Street, City, State, Zip)	ress For Less Than 2 Own Rent	Vears. Other
Mo	ve-in Date:			Move-in Date:
\$	/Month			\$ /Month
	EMPLOYMENT	INFORMATION		
Name & Add. Of Current Employer:		Name & Add. Of Curre	nt Employer:	
Self-Employed Years. On the job	Years. In this line of work	Self-Employed	Years. On the	job Years. In this line of work
	tion:	Income: \$	/Month	Position:
Business Phone:		Business Phone:		
Complete The Following: If Employed At Current Position For Less Than 2 Years. Name & Add. Of Previous Employer:		Complete The Following: If Employed At Current Po Name & Add. Of Previo		2 Years.
Self-Employed Years. On the job	Years. In this line of work	Self-Employed	Years. On the	job Years. In this line of work
Income: \$ /Month Posi	tion:	Income: \$	/Month	Position:
Business Phone:		Business Phone:		
Other Income Source(s):		Other Income Source(s	5):	
	DECLA	RATIONS		
Please answer "yes" or "no" to the following questions			rower	Co-Borrower
<ol> <li>Are there any outstanding judgments against you?</li> <li>Have you declared Bankruptcy within the past 7 yea</li> <li>Have you had a property foreclosed on within the p</li> </ol>				
4. Are you a party to a lawsuit?	ast 7 years. If so, when:			
5. Have you had a loan result in foreclosure, transfer o	, , ,			
<ol> <li>Are you presently delinquent or in default of any de</li> <li>Are you obligated to pay child support / alimony or</li> </ol>	,			
8. Is any part of your down payment borrowed?				
<ol> <li>9. Are you a co-maker or endorser on a note?</li> <li>10. Are you a U.S. Citizen?</li> </ol>				
11. Are yo a permanent resident alien?				
12. Have you had ownership in a property in the last 3	years?			
	INFORMATION FOR GOVERNI	MENT MONITORING PURI	POSES	
The following information is requested by the Federal Governme disclosure laws. You are not required to finish this information, b		velling in order to monitor lender's co	ompliance with equal cred	lit opportunity, fair housing and home mortgage
Borrower: I do not wish to furnish this information	0	Co-Borrower: I do r	not wish to furnish this	s information
Race: American Indian/Alaskan Native	Asian		ican Indian/Alaskan N	
Black or African American White Native Hawa	Hispanic or Latino iian or Pacific Islander	Black	or African American	Hispanic or Latino awaiian or Pacific Islander
Sex: Female Male		Sex: Fema		
		NT AND AGREEMENT		
I/We have applied for a mortgage loan with Legacy Housing Cor	poration Finance Division ("Legacy"). In ap	pplying for the loan, I/We completed		
the loan, the amount and source of down payment, employment knowingly make any false statements when applying for this mor and documentation contained in this loan application. Such infor	tgage, as applicable under the provisions of	Title 16, United States Code, Sectio	n 1014. I/We authorize L	egacy to verify or obtain any and all information

	ncludes, but is not limited to, employment history & income, bank, money market, & similar account balances; credit hi	
Borrower's Signature:	Co-Borrower's Signature:	
Date:	Date:	

## IN-HOUSE SWRF APPLICATION FORM





Date:					
Dealership:		Phone:			
Contact Person:		Fax:	Email:		
Serial or Order #: (Required)		House Size:			
Legacy Model #:		Send Contract Via	Email Fa	х	
CUST	OMER INF	ORMATION			
Buyer Name:		SSN or ID#:			
Co-Buyer Name:		SSN or ID#:			
Home Phone:		Cell Phone:			
Work Phone:		Email: (Required)			
PLACEMENT INFORMATION			G ADDRESS (IF	DIFFE	REINT)
Address:		Address:			
City: State/Zip:		City:	State/	Zip:	
County:	_	County:			
Installer: Phone:					
SALES	PRICE CA	LCULATOR			
Invoice Amount (Including Freight)					
Freight - \$					
Freight = \$		CONTRACT INFORMATION			
Original Floor Plan Payoff = \$					
X136%-150%	%	Down Payme	nt Amount	\$	
Base Sales Price = $\$$		(180 for 16', 240 f	or 18') <b>Term</b>		
		. ,			
Add Back Allowed Expenses			Rate		%
A/C + \$					
			D ( T		
Setup 5/W \$3,000, D/W \$6,500 + \$			Rate Term	s ,	
[+200 per floor if 18'][+200 per floor if WZII][+300 per floor if WZIII]		Wide	Max Terr	n	Rate
		Up to 16'	180 Mo		11.49%
Freight + \$ (Lesser of Actual Costs of GPLH Rates)		18' & 24'	240 Mo		11.49%
Sales Tax + \$		32' & 36'	240 Mo		10.99%
(Non-Texas Only)		Rate Reduction with			
Other Expenses + \$		collateral, we will offe collect	er a 1% interest rat the standard 9% do		
				. ,	
Final Sales Price $=$ \$		•	r dealers requiring reimbursement for	•	allow \$1/sqft

Please E-mail consignmentbilling@legacyhousingcorp.com With: Signed Credit App, Photo ID & Invoice/Spec Sheet & Bank Statements

## SWRF CONTRACT ORDER FORM





Date:					
Dealership:	Phone:				
Contact Person:	Date & Time Of Closing:				
Serial #:	Email:	Fax:			
Send Contract Via Email Fax					
CUSTOMER INFORMATION					

Buyer Name:	Buyer Name:
Reference:	Reference:
Relationship:	Relationship:
Phone:	Phone:

PLACEMENT INFORMATION		
Address:		
City:	State/Zip:	
County:		
Land Designator:		
Park Owned Fre	e & Clear Family land	
Other		
Installer:	Phone:	
License Number:		

MAILING ADDRESS (IF DIFFERENT)			
Address:			
City:	State/Zip:		

## CONTRACT INFORMATION

\$

\$

\$

**Sales Price** (Including Tax, if app.)

Sales Tax (If required as line item)

Down Payment