



21ST MORTGAGE CORPORATION

620 Market Str., Ste 200 Knoxville, TN 37902

HOW TO SUBMIT A CREDIT APPLICATION

Needed on every application

- Name
- Social Security Number or Tax ID Number
- Income (specific amount – no ranges)
- Resident history –3 years
- Employment history—5 years
- Number of dependents

Also include:

1. Copy of Driver's License
2. Copy of Social Security Card
3. Current paystub
4. W2 (previous 2 years)

PLEASE FAX ALL THE FORMS TO (325) 455-1489

APPLICATION REQUIREMENT

- Earnest deposit of \$500
- Check or money order only
- Made payable to 'Mobile Home Concepts'
- Credited toward down payment
- Refundable

Contact us at (325) 670-9899 or (325) 672-7785



21ST MORTGAGE CORPORATION

Corporación Hipotecaria

620 Market Str., Ste 200 Knoxville, TN 37902

Cómo Presentar Formularios de Solicitud Crediticia/Solicitud de Préstamo

Qué es necesario en cada aplicación/formulario:

- Nombre
- Número de la Seguridad Social o su código de identificación fiscal (Tax ID Number)
- Sueldo/Ingresos (cantidad específica)
- Historia Residencial –3 años
- Historial de Empleo—5 años
- Número de Dependientes

Lo siguiente debe de ser incluido:

1. Copia del Carnet/Licencia de Conducir
2. Tarjeta de la Seguridad Social
3. Talón de Pago Actual (Prueba de su Sueldo)
4. W2 (de los previos 2 años)

POR FAVOR, ENVIE UN FAX CON TODO AL (325) 455-1489

REQUISITOS NECESARIOS:

- Fondos/Depósito de Garantía de \$500
- Pagos mediante cheque o giro postal
- Pagable a 'Mobile Home Concepts'
- Abono inicial necesario para acreditación
- Reembolsable

Contáctenos al (325) 670-9899 o (325) 672-7785

THIS APPLICATION MUST BE COMPLETED AND SIGNED BY THE APPLICANT(S) ONLY

APPLICANT CREDIT INFORMATION: If this is an INDIVIDUAL application, complete section A. If this is a JOINT application, complete section A&B.
NOTE: If married, the spouse is not required to be the joint applicant. Please advise whether credit references and/or credit history should be investigated under another name. It is a crime to intentionally falsify information on this application. v. 12/20/2023

Property will be: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment/Rental <input type="checkbox"/> Buy-For			
Loan Type: <input type="checkbox"/> Home Only <input type="checkbox"/> Land and Home <input type="checkbox"/> Land Only		Home is being: <input checked="" type="checkbox"/> Purchased <input type="checkbox"/> Refinanced	
Street Address where home will be located, including site #:		HOA Fee:	HOA Frequency:
City:	State:	Zip:	County:
If Land and Home, home must be placed on the property described in this section. Land is being: <input type="checkbox"/> Purchased <input type="checkbox"/> Refinanced <input type="checkbox"/> Owned Free and Clear Whose land is it? _____ Estimated Land Value \$ _____ Purchase Price/Payoff \$ _____ Date Acquired: _____ Does the property have frontage on a publicly maintained road? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the property located on a paved road? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Home Only, site placement is: <input type="checkbox"/> Owned Property with No Lien <input type="checkbox"/> Leased Private Property <input type="checkbox"/> Family Land - No Rent <input type="checkbox"/> Reservation <input type="checkbox"/> Community/Park <input type="checkbox"/> Owned Property Land Contract/Mortgage Trust Deed			
Will the home be located in a resident-owned community (co-op)? _____ Are you pledging or purchasing the security interest in the co-op shares? _____			
If Home Only and Land is Leased: Name of Community/Park/Land Owner/Mortgage Holder: _____ Phone Number: _____ Monthly Site Payment: _____ Is the site rent scheduled to increase over the next three years? If so, please explain. _____			
Proposed Down Payment: \$ _____	Source of Down Payment: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Cash on Hand <input type="checkbox"/> Loan <input type="checkbox"/> I wish to use my land as down payment <input type="checkbox"/> Gift (if gift, from whom): _____ <input type="checkbox"/> Other (Explain): _____		

(A) APPLICANT		(B) CO-APPLICANT	
FULL NAME - Last, First, Middle		FULL NAME - Last, First, Middle	
Birth Date (mm/dd/yy):	Social Security #:	Birth Date (mm/dd/yy):	Social Security #:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	
Applicant Dependents (Any non-applicant who is financially supported by the Applicant and not listed by Co-Applicant(s). Examples may include: spouse, child, partner, dependent adult) Number of Dependents: Dependent Age(s):		Co-Applicant Dependents (Any non-applicant who is financially supported by the Co-Applicant and not listed by Applicant or other Co-Applicant(s). Examples may include: spouse, child, partner, dependent adult) Number of Dependents: Dependent Age(s):	
APPLICANT EMAIL:		CO-APPLICANT EMAIL:	
Cell Phone: () -	Other Phone: () -	Cell Phone: () -	Other Phone: () -

APPLICANT - Residence				CO-APPLICANT - 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)		City, State, Zip:		Mailing Address (if different from physical)		City, State, Zip:	
How long at present address?	<input type="checkbox"/> Homeowner* <input type="checkbox"/> Other*	Mo. Mtg/Rent:		How long at present address?	<input type="checkbox"/> Homeowner* <input type="checkbox"/> Other*	Mo. Mtg/Rent:	
Yrs Mo	<input type="checkbox"/> Renter <input type="checkbox"/> Live with family			Yrs Mo	<input type="checkbox"/> Renter <input type="checkbox"/> Live with family		
Name of Mortgage Holder or Landlord:				Name of Mortgage Holder or Landlord:			
Telephone Number:				Telephone Number:			
*If homeowner, what are the plans for current home? If checked other above, explain:				*If homeowner, what are the plans for current home? If checked other above, explain:			
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 previous Mortgage Holder or Landlord:				Name of previous Mortgage Holder or Landlord:			
Telephone Number:				Telephone Number:			
Name of nearest relative NOT living with you:		Relationship:		Name of nearest relative NOT living with you:		Relationship:	
		Phone:				Phone:	

APPLICANT - Employment History (Minimum Three Years; Attach Supplement if Needed)

1. Current Employer:	Position Held/Occupation: Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Started:
Employer Address:	City, State, Zip:	Supervisor Name and Telephone Number:

Base pay rate excluding commission, bonuses, and overtime: How are you paid? (select one below)

☐ Hourly Rate: \$ _____ # of Hours Weekly: _____ ☐ Weekly Salary: \$ _____ ☐ Bi-Weekly Salary: \$ _____ ☐ Monthly Salary: \$ _____

Do you receive bonuses? ☐ Yes ☐ No How often? _____ How much in bonuses over the last 12 months \$ _____

Do you receive commission? ☐ Yes ☐ No How often? _____ How much in commission over the last 12 months \$ _____

Do you receive overtime? ☐ Yes ☐ No How often? _____ How much in overtime over the last 12 months \$ _____

2. Second Employer:	Position Held/Occupation: Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Started:
City, State:	Supervisor Name and Telephone Number:	Monthly Income:

3. Previous Employer:	Position Held/Occupation: Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Started: Date Left:
City, State:	Supervisor Name and Telephone Number:	Monthly Income:

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

CO-APPLICANT - Employment History (Minimum Three Years; Attach Supplement if Needed)

1. Current Employer:	Position Held/Occupation: Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Started:
Employer Address:	City, State, Zip:	Supervisor Name and Telephone Number:

Base pay rate excluding commission, bonuses, and overtime: How are you paid? (select one below)

☐ Hourly Rate: \$ _____ # of Hours Weekly: _____ ☐ Weekly Salary: \$ _____ ☐ Bi-Weekly Salary: \$ _____ ☐ Monthly Salary: \$ _____

Do you receive bonuses? ☐ Yes ☐ No How often? _____ How much in bonuses over the last 12 months \$ _____

Do you receive commission? ☐ Yes ☐ No How often? _____ How much in commission over the last 12 months \$ _____

Do you receive overtime? ☐ Yes ☐ No How often? _____ How much in overtime over the last 12 months \$ _____

2. Second Employer:	Position Held/Occupation: Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Started:
City, State:	Supervisor Name and Telephone Number:	Monthly Income:

3. Previous Employer:	Position Held/Occupation: Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Started: Date Left:
City, State:	Supervisor Name and Telephone Number:	Monthly Income:

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

APPLICANT - Other Income**CO-APPLICANT - Other Income**

Income from SSI, retirement, disability, alimony, child support or separate maintenance agreement need not be disclosed if you do not wish to have it considered as a basis for undertaking or repaying this debt.

Child Support Monthly Amount	Ages of Children	Child Support Monthly Amount	Ages of Children		
Alimony or Separate Maintenance	Duration	Alimony or Separate Maintenance	Duration		
Other Source:	How Long:	Monthly Amt:	Other Source:	How Long:	Monthly Amt:

APPLICANT - Asset Information			CO-APPLICANT - Asset Information		
Bank Name:	Account Type:		Bank Name:	Account Type:	
	Balance: \$			Balance: \$	
Type of Liquid Assets (Savings, CDs, Brokerage Accounts, etc.):			Type of Liquid Assets (Savings, CDs, Brokerage Accounts, etc.):		
Institution Holding Assets:	Balance: \$		Institution Holding Assets:	Balance: \$	
Type of Retirement Accounts (401k, IRA, etc.):			Type of Retirement Accounts (401k, IRA, etc.):		
Institution Holding Assets:	Balance: \$		Institution Holding Assets:	Balance: \$	
APPLICANT - Credit Information (Attach a List if Necessary)			CO-APPLICANT - Credit Information (Attach a List if Necessary)		
Do you have any personal loans, debts or car loans that may not be listed on your credit report? If Yes, please provide:			Do you have any personal loans, debts or car loans that may not be listed on your credit report? If Yes, please provide:		
Lender:	Payment: \$	Balance: \$	Lender:	Payment: \$	Balance: \$
Lender:	Payment: \$	Balance: \$	Lender:	Payment: \$	Balance: \$
Lender:	Payment: \$	Balance: \$	Lender:	Payment: \$	Balance: \$
Are you a co-signer on another person's debt? If Yes, please provide:			Are you a co-signer on another person's debt? If Yes, please provide:		
Lender:	Monthly Payment: \$		Lender:	Monthly Payment: \$	
Have you paid off any debts within the last 60 days? (Please do not include credit cards) If Yes, please provide:			Have you paid off any debts within the last 60 days? (Please do not include credit cards) If Yes, please provide:		
Lender:	Monthly Payment: \$		Lender:	Monthly Payment: \$	
Lender:	Monthly Payment: \$		Lender:	Monthly Payment: \$	
APPLICANT - Debts/Obligations (Attach a List if Necessary)			CO-APPLICANT - Debts/Obligations (Attach a List if Necessary)		
Alimony/Maintenance: \$	Expiration Date:		Alimony/Maintenance: \$	Expiration Date:	
Garnishment: \$			Garnishment: \$		
Child Support: \$			Child Support: \$		
List Ages of Children:			List Ages of Children:		
Other Extraordinary Recurring Expenses (Attach a List if Necessary)					
List other items that have a significant impact to your budget					Estimated Monthly Amount
If you drive more than 20 miles each way to work every day, what is your monthly fuel and maintenance expense other than your car payment?					\$
Child Care Expense:					\$
Other:					\$
Other:					\$
List any Government Assistance Payments to you that help offset household expenses, such as WIC, TANF, or SNAP. You are not required to disclose these amounts if you do not wish to have them considered as a basis in analyzing your ability to undertake or repay this debt.					
					\$
					\$
Questions					
	APPLICANT		CO-APPLICANT		
1. Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Are you a permanent resident alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Have you declared bankruptcy within the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, when did you file?	Date:		Date:		

Demographic Information - this section asks about your ethnicity, sex, and race

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. 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. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application.

Instructions: You may select one or more designations for "Ethnicity" and one or more designations for "Race." If you do not wish to provide some or all of this information, select the applicable check box.

APPLICANT	CO-APPLICANT
<p>Ethnicity: <i>Check one or more</i></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Other Hispanic or Latino - Enter origin: _____</p> <p><i>Examples: Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p> <p>Race: <i>Check one or more</i></p> <p><input type="checkbox"/> American Indian or Alaskan Native - Enter name of enrolled or principal tribe: _____</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian - Enter race: _____</p> <p><i>Examples: Hmong, Laotian, Thai, Pakistani, Cambodian, etc.</i></p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Other Pacific Islander - Enter race: _____</p> <p><i>Examples: Fijian, Tongan, etc.</i></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p> <p>Sex: <input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Ethnicity: <i>Check one or more</i></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Other Hispanic or Latino - Enter origin: _____</p> <p><i>Examples: Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p> <p>Race: <i>Check one or more</i></p> <p><input type="checkbox"/> American Indian or Alaskan Native - Enter name of enrolled or principal tribe: _____</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian - Enter race: _____</p> <p><i>Examples: Hmong, Laotian, Thai, Pakistani, Cambodian, etc.</i></p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Other Pacific Islander - Enter race: _____</p> <p><i>Examples: Fijian, Tongan, etc.</i></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p> <p>Sex: <input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p>

Additional Disclosures

California: An applicant, if married, may apply for a separate account. It is illegal to discriminate in the provision of availability of financial assistance for the purpose of the purchase, construction, rehabilitation of any one to four unit family residences occupied by the owner and for the purpose of the house improvement of any one to four unit family residence by considering:

- 1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and unsound business practice; or
- 2. Race, color, religion, sex, marital status, national origin or ancestry.

It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance. If you have questions about your rights, or if you wish to file a complaint, contact the Lender or the California Department of Corporations at: 320 West 4th St, Ste 750, Los Angeles, CA 90013, or 1390 Market St, Ste 810 San Francisco, CA 94102

New York and Vermont: In connection with your application for credit, a consumer report may be requested in connection with such application. Upon request, you will be informed whether a consumer report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. If your application is granted, subsequent consumer reports may be requested or utilized in connection with any updates, renewal or extension of the credit for which application was made or for any other legitimate purpose associated with the account.

Ohio: The Ohio laws against discrimination requires that all creditors make credit equally available to all creditworthy customers and that credit reporting maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Wisconsin: No provision of a marital property agreement, a unilateral statement under Wisc. Stat. 766.59 or a court decree under Wisc. Stat. 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement, or decree of has actual knowledge of the adverse provision when the obligation to the creditor is incurred.

NON-APPLICANT SPOUSE WAIVER OF NOTICE: I agree to waive notice of any extension of credit in connection with this application:
Non-Applicant Spouse: _____ **Date** _____

Additional disclosures may be required for the following states: Illinois and New York.

These documents are separate from this application and must be submitted with the application for the lender to process your request. Each of the undersigned specifically represents to Lender and to Lender's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of the information contained in the application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provision of Title 18, United States Code, Sec. 1001, et seq.; (2) the loan requested pursuant to the application (the "Loan") will be secured by a mortgage, deed of trust, or other consensual security interest; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in the application are made for the purpose of obtaining a residential mortgage loan; (5) the property will be occupied as indicated herein; (6) any owner or servicer of the Loan may verify or re-verify any information contained in the application from any source named in the application, and Lender, its successors or assigns may retain the original and/or electronic record of the application, even if the Loan is not approved; (7) the Lenders and its agents, brokers, insurers, servicers, successors, and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in the application if any of the material facts that I have represented herein should change prior to the closing of the Loan; (8) in the event my payments on the Loan become delinquent, the owner or servicer of the Loan may, in addition to any other rights and remedies that it may have relating to such delinquency, report my name and account information to one or more consumer credit reporting agencies; (9) ownership of the Loan and / or administration of the Loan account may be transferred with such notice as may be required by law; (10) neither Lender nor its agents, brokers, insurers, servicers, successors, or assigns has made any representation or warranty, expressed or implied, to me regarding the property or the condition or value of the property; and (11) my transmission of the application as an "electronic record" containing my "electronic signature" as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of the application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of the application were delivered containing my original signature. I give permission to Lender to investigate my credit and employment history and authorize my employer, landlord, depository institution, and credit company to release information about me. I acknowledge that my dealer is neither a broker nor a credit grantor. This application may be considered withdrawn if I do not inquire about its status within 30 days of the date of this notice.

Have you frozen your credit report? If so, please be sure to contact all affected credit reporting agencies to lift the freeze BEFORE submitting your application.

www.equifax.com, www.transunion.com, www.experian.com

Applicant Signature	Date	Co-Applicant Signature	Date

(ADMIN USE ONLY)

Addendum to the 21st Mortgage Credit Application Communications Disclosure Form

- Must be completed & submitted with ALL Credit Applications - Effective: 1/1/2024

This credit application will be submitted to 21st Mortgage (the "Lender") for review. The Lender's designated representative (or a person under their supervision, as appropriate) may communicate its status or address other questions you may have about your application or the loan process. The retailer/realtor from whom you may purchase a home and its sales consultants may assist you with matters associated with the sales transaction – for example, the type of home to purchase, options, site improvements, sales features that may impact your financing options, etc.

Following the receipt of your credit application, a representative from the Lender (or a person under their supervision, as appropriate) may contact you to discuss your application. Should you have any questions about this application, please contact the Lender at **(800) 955-0021**.

Below is a list of the 21st Mortgage Loan Originators:

Name	NMLS #	Name	NMLS #	Name	NMLS #	Name	NMLS #
21st Mortgage Corp.	2280	Dubnicka, Cynthia	1749407	Lambert, Teresa	1402336	Redford, Madeline	1915364
Aldmon, Thomas	1700118	Dulany, Clint	2147258	Layman, Ethan	2374710	Rocco, Carly	2514961
Antoine, Kendra	2501762	Duncan, Jessica	1561887	Ledford, Justin	1810028	Roecker, Spencer	2102317
Baker, Drew	1684954	Evans, Sean	1795393	Lee, Brian	1535710	Rudolph, Elizabeth	1865266
Ball, Eileen	1200479	Fabian, Matt	202243	Loggins, Camilla	1958395	Rutta, Robert, Jr.	1915241
Bee, Prestin	2452985	Fitzsimmons, Tracy	1915250	Long, Lindsay	1915195	Ryan, Lisa	1209113
Bell, Kenneth (Chris)	1237278	Fox, Cory	2547919	Lowery, Tyler	2213934	Saucier, Alex	2147154
Bennett, Sarah	2213064	Gilland, Paige	2070735	Luna-White, Nancy	2415858	Silva, Danny	2547910
Blakley, Michael	2167899	Goodman, Kevin	493671	Manning, Rachel	2101930	Sisk, Dylan	1915196
Brewer, Corey	2154268	Graham, Abra	2168181	Massey, Hannah	2066962	Smith, Emily	2528543
Bridges, Chad	1660954	Greene, Sam	2154098	McCollough, Mary Abigail (Abby)	2003725	Spaldi, Alyssa	2151601
Bryant, Shelby	1915249	Hagler, Elizabeth	1865270	McMahan, Adam	16516	Taylor, Chris	1305372
Carlisle, Zachery	1803853	Hammonds, Leah	2329989	Medlock, Natalie	2132954	Trammell, Justin	1634789
Carter, Kellie	1684953	Holliday, Jeremy	1915207	Metcalf, Jessica	2013376	Treadway, Brooke	2226757
Carter, Wes	1367458	Howard, Toshia	2132202	Monroe, Cam	2531198	Utley, Barrett	1264594
Chilco, Amanda	2013377	Hudson, Sarah	2494841	Morales, Yamila	202266	Utley, Kayla	1782616
Clark, Rob	202264	Johnson, Joe	2528548	Mullis, Ken	1311852	Wade, Leah	1614417
Corso, Morgan	2346801	Johnson, Nicole (Nicki)	1152412	Murphy, Heather	2361178	Waits, Stephanie	2311687
Cox, Trevor	1308905	Karb, Christopher	2047091	Osborne, Matthew	2311685	Weatherly-Sinclair, Murray	1795404
Cozzolino, Jonathan	979264	Keith, Jeanie	208077	Petree, Kelly	297920	Webber, Jeff	16262
Cutler, Kaylie	2468297	Kesler, Sarah	2213120	Pilipovic, Katherine	1930005	Williams, Joy	16307
Dakin, Matthew	1490790	Kittle, Chris	202249	Ponce, Peter	2537373	Wilson, Brian	2130958
Dent, Mackenzie	2475026	Kloss, Grant	1894967	Quick, Chad	1561892	Wood, Hayley	2147252
Doolan, Ryan	64626	Lai, Sarah	1815870	Reading, Allen	2133749	York, Lindsay	1895005
						Young, Tyler	1648541

By signing below, you acknowledge that you have read and understood the details provided, and also consent to the Lender sharing its credit decision and other personally identifiable financial information you provide with your retailer/realtor for the purpose of facilitating this transaction*. You also acknowledge that you have personally completed the information on the application and that the information is complete and accurate.

Please sign below and retain a copy for your records.

X

Applicant Signature (Date)

☐ For the fastest updates, I would like to receive informational text messages about my application to me from 21st Mortgage Messaging to the cell phone number I have provided.**

☐ I would like to receive additional text messages marketing 21st Mortgage products and services to me from 21st Mortgage Messaging to the cell phone number I have provided.**

X

Co-Applicant Signature (Date)

☐ For the fastest updates, I would like to receive informational text messages about my application to me from 21st Mortgage Messaging to the cell phone number I have provided.**

☐ I would like to receive additional text messages marketing 21st Mortgage products and services to me from 21st Mortgage Messaging to the cell phone number I have provided.**

X **MOBILE HOME CONCEPTS, LLC 1144 - 2**

Print Dealership Name & Dealer #

X

Co-Applicant Signature (Date)

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☐ I would like to receive additional text messages marketing 21st Mortgage products and services to me from 21st Mortgage Messaging to the cell phone number I have provided.**

X

Co-Applicant Signature (Date)

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☐ I would like to receive additional text messages marketing 21st Mortgage products and services to me from 21st Mortgage Messaging to the cell phone number I have provided.**

X

Sales Person (Date)

*You may withdraw your consent for 21st Mortgage to share personally identifiable financial information with your retailer/realtor at any time by calling at 800-955-0021, sending written request to PO Box 477; Knoxville, TN 37901 or by emailing your request to myloan@21stmortgage.com. Letters and emails must have your file number and name in order to be processed. The withdrawal of consent will not affect your eligibility for any loan product provided by 21st Mortgage but may result in slower processing times.

**Message frequency varies. Message & data rates may apply. Reply HELP for help or STOP to opt out. You will have the option to opt out of receiving these texts at any time. Terms and Conditions and 21st Privacy Statement available on www.21stmortgage.com

This form is a part of the 21st Mortgage credit application and must accompany the credit application and must be completed in order for the credit application to be accepted. Revised: 12/7/2023

TEXAS MORTGAGE BANKER DISCLOSURE

Residential Mortgage Loan Originator: See attached Communications Disclosure

NMLS ID: 21st Mortgage Corporation NMLS No. 2280

Pursuant to the requirements of Section 157.007 of the Mortgage Banker Registration and Residential Mortgage Loan Originator License Act, Chapter 157, Texas Finance Code, you are hereby notified of the following:

CONSUMERS WISHING TO FILE A COMPLAINT AGAINST A MORTGAGE BANKER OR A LICENSED MORTGAGE BANKER RESIDENTIAL MORTGAGE LOAN ORIGINATOR SHOULD COMPLETE AND SEND A COMPLAINT FORM TO THE TEXAS DEPARTMENT OF SAVINGS AND MORTGAGE LENDING, 2601 NORTH LAMAR, SUITE 201, AUSTIN, TEXAS 78705. COMPLAINT FORMS AND INSTRUCTIONS MAY BE OBTAINED FROM THE DEPARTMENT'S WEBSITE AT WWW.SML.TEXAS.GOV. A TOLL-FREE CONSUMER HOTLINE IS AVAILABLE AT 1-877-276-5550.

THE DEPARTMENT MAINTAINS A RECOVERY FUND TO MAKE PAYMENTS OF CERTAIN ACTUAL OUT OF POCKET DAMAGES SUSTAINED BY BORROWERS CAUSED BY ACTS OF LICENSED MORTGAGE BANKER RESIDENTIAL MORTGAGE LOAN ORIGINATORS. A WRITTEN APPLICATION FOR REIMBURSEMENT FROM THE RECOVERY FUND MUST BE FILED WITH AND INVESTIGATED BY THE DEPARTMENT PRIOR TO THE PAYMENT OF A CLAIM. FOR MORE INFORMATION ABOUT THE RECOVERY FUND, PLEASE CONSULT THE DEPARTMENT'S WEB SITE AT WWW.SML.TEXAS.GOV.

THIS DISCLOSURE WAS DELIVERED TO THE CONSUMER:

- ☐ IN PERSON
- ☐ BY FAX
- ☐ BY E-MAIL
- ☐ OTHER _____

DATE DELIVERY INITIATED: _____

4506-C Instructions

The 4506-C form can be submitted by uploading to the Customer Portal, scanning and emailing, or faxing to 21st Mortgage. The IRS will not accept photographs of the form.

We can prepare the form for the applicant if we receive a copy of the tax return. We will then e-deliver it directly to the applicant, or upload it to their portal for signing. If the applicant chooses to complete this form themselves, instructions are below.

Important items to note:

- The entire form must be typed with 12 pt font and physically or electronically signed.
- Only one person is to be listed on a form.
- Results for multiple years can be requested on one form.
- A separate 4506-C form is required for each type of transcript request such as W-2's, 1040's, etc. See section 6 below.
- One form can be completed for requests of wage statements such as W-2's or 1099's. See section 7 below.
- The information provided must match the information on your tax return.
- It may take up to 4 weeks after the IRS has processed your return before 21st Mortgage can receive information.
- If the form is sent to be e-signed, a copy of the electronic disclosure and evidence summary must also be returned to us with the 4506C form.

Completing the form:

- Section 2a and 2b – Must be left blank; only one person is to be listed on a form.
- Section 5a – Must state the Fraud Technology name and address which we have populated on our form for you.
- Section 5b and 5c – Leave blank.
- Section 5d – Must state the 21st Mortgage name, address and phone number. We have populated this on our form for you.
- Section 6 - For transcripts, enter only one form type (1040, 1065, 1120, etc). Complete a 4506-C form for each form type needed.
- Section 6a through 6c – Check only one box:
 - 6a If requesting Return Transcript for form 1040
 - 6c If requesting Record of Account for from 1040 with amendment changes
- Section 7 – Check box if we are to order W-2's or 1099's.
- Section 7a – Enter W-2 or 1099 on this line (may enter both).
- Section 7b – Always check box 1a if we are ordering W-2's.
- Section 8 – Enter 12/31/and the year for each tax year being requested.
- The “Signatory of Taxpayer” box must always be checked.
- If signing electronically, check the “Signatory confirms document was electronically signed” box under the Date box .

Form 4506-C (October 2022)	Department of the Treasury - Internal Revenue Service IVES Request for Transcript of Tax Return	OMB Number 1545-1872
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Do not sign this form unless all applicable lines have been completed.

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name FRAUDTECHNOLOGY.COM			ii. IVES participant ID number 0000302348	iii. SOR mailbox ID SECURED 123	
iv. Street address (including apt., room, or suite no.) 3500 FAIRLANE FARMS RD #2			v. City WELLINGTON	vi. State FL	vii. ZIP code 33414
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name 21ST MORTGAGE				ii. Telephone number 1-800-955-0021	
iii. Street address (including apt., room, or suite no.) 620 MARKET ST			iv. City KNOXVILLE	v. State TN	vi. ZIP code 37901

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)

6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts		
a. Return Transcript <input type="checkbox"/>	b. Account Transcript <input type="checkbox"/>	c. Record of Account <input type="checkbox"/>
7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>		
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.		
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers		
Line 1a <input type="checkbox"/>	Line 2a <input type="checkbox"/>	
8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)		
/ / / / / / / /		

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☒ **Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.**

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)			Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				

Privacy Act Notice: This information is to be used by 21st Mortgage Corporation in determining whether you qualify as a prospective mortgagor. It will not be disclosed outside 21st Mortgage Corporation except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

I have applied for a mortgage loan and state that I am now or was formerly employed by you. My signature below authorizes verification of this information.

Application Number: {to be Auto- Populated}

Name and Address of Applicant

Signature of Applicant

Verification of Present Employment

A representative of 21st Mortgage may call to verify the information provided.

Name and Address of Employer

Name of Supervisor or Personnel Department who is authorized to verify this information by phone.

Name _____

Position _____

Phone Number (____) _____

Best time to Call: _____

Applicant's Date of Employment

Present Position

Probability of Continued Employment

Current Gross Base Pay (Enter amount and Check Period)

____ Annual ____ Hourly
____ Monthly ____ Other (specify)
\$ _____ Weekly

For Military Personnel Only

Pay Grade _____

Type _____ Monthly Amount _____

Hours worked per week _____

Gross Earnings			
Type	Year to Date	Past Year	Past Year
	Thru _____	\$ _____	\$ _____
Base Pay	\$ _____	\$ _____	\$ _____
Overtime	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Base Pay \$ _____

Rations \$ _____

Hazard/Flight \$ _____

Clothing \$ _____

Quarters \$ _____

Pro Pay \$ _____

Combat \$ _____

VHA \$ _____

If Applicable, is Overtime or Bonus Income likely to continue? Overtime ☐ Yes ☐ No Bonus ☐ Yes ☐ No

Remarks (If employee was off work for any length of time, please indicate time period and reason)

Signature of Employer

Title

Date

CALCULATION WORKSHEET

CALCULATION WORKSHEET							
Site of Placement:		<input type="checkbox"/> Owned Property/Free and Clear		<input type="checkbox"/> Leased Land		<input type="checkbox"/> Owned Property Land Contract/Mortgage Trust Deed	
Monthly Site Payment:		<input type="checkbox"/> Family Land		<input type="checkbox"/> Reservation		<input type="checkbox"/> Manufactured Home Community	
Name of Community, Family Member, Mortgage Holder or Reservation: _____							
Telephone Number: _____							
Make: _____		Model: _____		Year: _____		New / Used _____	
				Width x Length _____		Repo ID #: _____	
CALCULATION FOR AMOUNT DESIRED				CALCULATION FOR MAXIMUM SALES PRICE (NEW Home)			
1. HOME Sales Price: (including adds)		\$ _____		Manufacturer's Invoice:		(A) \$ _____	
2. Sales Tax:		\$ _____		DELETIONS:			
3. TOTAL HOME Sales Price: (1+2)		\$ _____		Freight:		\$ _____	
4. Land Improvements:		\$ _____		Taxes:		\$ _____	
5. Land Purchase Price / Payoff:		\$ _____		Furniture:		\$ _____	
6. Total Package Price: (total of 3+4+-5)		\$ _____		Packs:		\$ _____	
7. a. Gross Trade-In:		\$ _____		Wheels & Axles: (\$1000 DW, \$500 SW)		\$ _____	
b. Less Amount. Owed On Trade-In:		\$ _____		Sales Allowances:		\$ _____	
c. Net Trade-in:		\$ _____		HUD Dues / Fees:		\$ _____	
Trade Home Make/Model:		Year: _____		Width: _____ x Length: _____		Total Deletions	
						(B) \$ _____	
				NEW HOME NET INVOICE: (A-B=C)		(C) \$ _____	
8. Cash Down Payment:		\$ _____		Markup:			
<u>Sources of Cash Down Payment:</u>				140 % New & Model 1 year old or less			
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Cash on Hand				135 % New & Model 2 years old			
<input type="checkbox"/> Loan <input type="checkbox"/> Gift From Whom: _____				130% New & Model 3 years old			
9. TOTAL Down Payment: (7c+8)		\$ _____		125% New & Model 4 years old _____ %			
10. Unpaid Balance of Total Package: (6 minus 9)		\$ _____		VEP CODE Adjustments:			
11. Physical Damage Insurance Premium:		\$ _____		if "0" add 5%			
(1 Yr Insurance Required to be financed or paid in full)				if "1" No adjustment			
12. Title / Tag fee:		\$ _____		if "2" subtract 5%			
13. Requested Loan Amount: (10+11+12)		\$ _____		Adjusted Markup %		(D) _____ %	
				Adjusted Markup Amount (Cx D=E)		(E) \$ _____	
LAND in LI EU Equity Calculation				ADDS:			
Land Size: Acres: _____		Date Purchased: _____		Freight:		\$ _____	
A. Land Market Value:		\$ _____		Taxes:		\$ _____	
B. Quick sale value (line A x 65%):		\$ _____		Delivery & Set:		\$ _____	
C. Less Land Payoff (if applicable):		\$ _____		Air Conditioner:		\$ _____	
D. Total Land Equity:(B minus C)		\$ _____		Skirting:		\$ _____	
USED HOME or 21st REPO Maximum Sales Price Calculation (MSP)				Steps:		\$ _____	
<input type="checkbox"/> Used home sold on site - BASE NADA		\$ _____		Other:		\$ _____	
(Base NADA x 130%) = MSP		x 130%		Other:		\$ _____	
Maximum Sales Price of Home		= \$ _____		Total Adds:		(F) \$ _____	
<input type="checkbox"/> Used home to be delivered - BASE NADA		\$ _____		Maximum Sales Price of Home (E+F=G)		(G) \$ _____	
(Base NADA x 120%) + ADDS = (MSP)		x 120%		FOR LAND / HOME LOANS Complete Section Below			
Total Markup		= (A)\$ _____		Land Purchase Price or Payoff:		(H) \$ _____	
<input type="checkbox"/> 21st Repo - Net Sales Price		(A)\$ _____		IMPROVEMENTS:			
ADDS:				Perm Foundation: \$ _____			
Taxes:		\$ _____		Footers: \$ _____			
Delivery & Set:		\$ _____		Electrical Hookup: \$ _____			
Air Conditioner:		\$ _____		Brick/BLK/ Skirting: \$ _____			
Skirting:		\$ _____		Basement: \$ _____			
Steps:		\$ _____		Driveway: \$ _____			
Other:		\$ _____		Grading: \$ _____			
Other:		\$ _____		Total Improvements:		(I) \$ _____	
Total Adds:		(B)\$ _____		TOTAL Maximum Package Price:			
Maximum Sales Price of Home (A+B)		\$ _____		(home / land / improvements)			
				(G+H+I=J) (J) \$ _____			

Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION

P. O. BOX 12489 Austin, Texas 78711-2489
(800) 500-7074, (512) 475-2200 FAX (512) 475-1109
Internet Address: www.tdhca.state.tx.us/mh/index.htm

WARRANTY AND DISCLOSURE FOR A USED MANUFACTURED HOME

If the manufactured home does not have a HUD Label or Texas Seal, a copy of this disclosure must be submitted to the Department along with an application for a Texas Seal and the required fee.

BLOCK 1: Home Information

Manufacturer Name:		Model:	
Address:		Date of Manufacture:	
City, State, Zip:		Total Square Feet:	
License Number:		Wind Zone:	

	Label/Seal Number	Serial Number	Weight	Size*	*NOTE: Size must be reported as the outside dimensions (length and width) of the home as measured to the nearest ½ foot at the base of the home, exclusive of the tongue or other towing device.
Section 1:				X	
Section 2:				X	
Section 3:				X	
Section 4:				X	

BLOCK 2: Conditions of Home and Appliances Conveyed.

Appliances: *Indicate the appliance being conveyed and describe any known defects.*

Check Appliances Conveyed with home	Make and Model	Gas or Electric	Describe Any Known Defects
<input type="checkbox"/> Refrigerator			
<input type="checkbox"/> Range			
<input type="checkbox"/> Stove top only			
<input type="checkbox"/> Microwave			
<input type="checkbox"/> Washer			
<input type="checkbox"/> Dryer			
<input type="checkbox"/> Trash Compactor			
<input type="checkbox"/> Dishwasher			
<input type="checkbox"/> Other			

Home: *Any item present that does not describe any known defects is assumed to have no known defects.*

Interior	Describe Any Known Defects
Living room:	
Kitchen:	
Bedroom 1	
Bedroom 2	
Bedroom 3	
Bathroom 1	
Bathroom 2	
Laundry/utility room:	
Other rooms (list):	

General Home Exterior	Describe Any Known Defects
Roof decking	
Roof covering	
Floor underside	
Walls	
Other	

Systems	Describe Any Known Defects
Electrical system	
Water Heater	
Air Conditioner	
Plumbing system	

BLOCK 3: Signatures

I certify that the above information is, to the best of my knowledge, complete and accurate.

MOBILE HOME CONCEPTS, LLC

(Seller's Signature)

(Printed Name of Seller or Seller's authorized representative)

(Date)

I acknowledge receipt of the Warranty and Disclosure for the purchase of a used manufactured home.

(Consumer/Purchaser's Signature)

(Printed Name of Consumer/Purchaser)

(Date)

BLOCK 4: Statement of Warranty

(This block does not apply to exempt consumer to consumer sales.)

The above-described home is warranted by the seller to the purchaser to be habitable and to remain habitable until the later of 60 days from the date of the purchase agreement selling or transferring the home or 60 days after the date that the installation of the home is completed. By "habitable" it is meant that:

- There is no defect or deterioration in or damage to the home that creates a dangerous situation;
- The plumbing, heating, and electrical systems are in safe working order;
- The walls, floor, and roof are:
 - free from a substantial opening that was not designed and
 - structurally sound; and
- All exterior doors and windows are in place. Any window that is designated an egress window is in working order.

The PURCHASER, _____, must notify the SELLER, MOBILE HOME CONCEPTS,
(name of purchaser) (name of seller)

IN WRITING within 65 DAYS of any DEFECT that makes the home NOT HABITABLE or the SELLER will have NO LIABILITY for the warranty of habitability