



**SANTIAGO  
FINANCIAL, INC.**  
www.santiagofinancial.com

## Manufactured Home Credit Application

161 Fashion Lane Ste B206 • Tustin, CA • P: 714-731-8080 • F: 714-731-3908

### Applicant - Buyer

|                                                                                                                                                                                                                           |                                                |                                                                                                                                                                      |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| First, Middle, Last Name (Include Jr or Sr if applicable):                                                                                                                                                                |                                                | SS# or TIN#:                                                                                                                                                         | DOB (mm/dd/yyyy): |
| Email Address:                                                                                                                                                                                                            |                                                | <input type="checkbox"/> Married <input type="checkbox"/> Separated<br><input type="checkbox"/> Unmarried (include single, divorced, widowed)                        |                   |
| Number of Dependents:<br>No.                  Ages                                                                                                                                                                        | Total Number of Persons<br>Living in the Home: | Child Support Obligations: <input type="checkbox"/> Y <input type="checkbox"/> N \$<br>Alimony Obligations: <input type="checkbox"/> Y <input type="checkbox"/> N \$ |                   |
| Home Phone:                                                                                                                                                                                                               |                                                | Cell Phone:                                                                                                                                                          | Fax Number:       |
| Address (Street, City, State, Zip):                                                                                                                                                                                       |                                                |                                                                                                                                                                      | From Date:        |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> With Parents <input type="checkbox"/> _____<br>Current Disposition: <input type="checkbox"/> Selling <input type="checkbox"/> Renting |                                                | Current Monthly Payment \$ _____<br><input type="checkbox"/> Foreclosure / Short Sale <input type="checkbox"/> _____                                                 |                   |
| Previous Address Street, City, State, Zip (If Less Than 2 Year Above)                                                                                                                                                     |                                                | Start Date                                                                                                                                                           | / End Date        |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> With Parents <input type="checkbox"/> Other                                                                                           |                                                | Previous Mo. Payment \$                                                                                                                                              |                   |

### 3 Year Employment History (If Self-Employed: Name of Business)

|                                                                        |                             |                                        |                         |  |
|------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------|--|
| Employer Name / Company Name:                                          |                             | <input type="checkbox"/> Self-Employed | Employer Phone Number:  |  |
| Employer Street Address:                                               | City:                       | State:                                 | Zip Code:               |  |
| Date of Employment (mm/dd/yyyy)<br>Start:                  End:        | Position Held / Occupation: |                                        | Gross Monthly Income \$ |  |
| Previous Employer Name / Address (If Employed less than 2 years above) |                             |                                        | Employer Phone Number:  |  |
| Date of Employment (mm/dd/yyyy)<br>Start:                  End:        | Position Held / Occupation: |                                        | Gross Monthly Income \$ |  |

### Second Job (If Applicable)

|                                                                 |                             |                        |                         |
|-----------------------------------------------------------------|-----------------------------|------------------------|-------------------------|
| Employer Name / Company Name / Address:                         |                             | Employer Phone Number: |                         |
| Date of Employment (mm/dd/yyyy)<br>Start:                  End: | Position Held / Occupation: |                        | Gross Monthly Income \$ |

### Other Income

|                          |                        |                         |                                                                       |
|--------------------------|------------------------|-------------------------|-----------------------------------------------------------------------|
| Describe Source:         |                        |                         | <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary |
| Start Date (mm/dd/yyyy): | End Date (mm/dd/yyyy): | Gross Monthly Income \$ |                                                                       |

## Co-Applicant - Buyer

|                                                                                                                                                                                                                                                                                                                                             |                                                |                                                                                                                                                                      |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| First, Middle, Last Name (Include Jr or Sr if applicable):                                                                                                                                                                                                                                                                                  |                                                | SS# or TIN#:                                                                                                                                                         | DOB (mm/dd/yyyy): |
| Email Address:                                                                                                                                                                                                                                                                                                                              |                                                | <input type="checkbox"/> Married <input type="checkbox"/> Separated<br><input type="checkbox"/> Unmarried (include single, divorced, widowed)                        |                   |
| Relationship to Applicant:                                                                                                                                                                                                                                                                                                                  |                                                |                                                                                                                                                                      |                   |
| Number of Dependents:<br>No.                  Ages                                                                                                                                                                                                                                                                                          | Total Number of Persons<br>Living in the Home: | Child Support Obligations: <input type="checkbox"/> Y <input type="checkbox"/> N \$<br>Alimony Obligations: <input type="checkbox"/> Y <input type="checkbox"/> N \$ |                   |
| Home Phone:                                                                                                                                                                                                                                                                                                                                 |                                                | Cell Phone:                                                                                                                                                          | Fax Number:       |
| Address (Street, City, State, Zip):                                                                                                                                                                                                                                                                                                         |                                                |                                                                                                                                                                      |                   |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> With Parents <input type="checkbox"/> _____ Current Monthly Payment \$ _____<br>Current Disposition: <input type="checkbox"/> Selling <input type="checkbox"/> Renting <input type="checkbox"/> Foreclosure / Short Sale <input type="checkbox"/> _____ |                                                |                                                                                                                                                                      |                   |
| Previous Address Street, City, State, Zip (If Less Than 2 Year Above)                                                                                                                                                                                                                                                                       |                                                | Start Date / End Date                                                                                                                                                |                   |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> With Parents <input type="checkbox"/> Other                                                                                                                                                                                                             |                                                | Previous Mo. Payment \$                                                                                                                                              |                   |

## 3 Year Employment History (If Self-Employed: Name of Business)

|                                                                        |  |                                        |        |                         |  |
|------------------------------------------------------------------------|--|----------------------------------------|--------|-------------------------|--|
| Employer Name / Company Name:                                          |  | <input type="checkbox"/> Self-Employed |        | Employer Phone Number:  |  |
| Employer Street Address:                                               |  | City:                                  | State: | Zip Code:               |  |
| Date of Employment (mm/dd/yyyy)<br>Start:                  End:        |  | Position Held / Occupation:            |        | Gross Monthly Income \$ |  |
| Previous Employer Name / Address (If Employed less than 2 years above) |  |                                        |        | Employer Phone Number:  |  |
| Date of Employment (mm/dd/yyyy)<br>Start:                  End:        |  | Position Held / Occupation:            |        | Gross Monthly Income \$ |  |

## Second Job (If Applicable)

|                                                                 |  |                             |  |                         |  |
|-----------------------------------------------------------------|--|-----------------------------|--|-------------------------|--|
| Employer Name / Company Name / Address:                         |  | Employer Phone Number:      |  |                         |  |
| Date of Employment (mm/dd/yyyy)<br>Start:                  End: |  | Position Held / Occupation: |  | Gross Monthly Income \$ |  |

## Other Income

|                          |  |                        |                                                                       |                         |  |
|--------------------------|--|------------------------|-----------------------------------------------------------------------|-------------------------|--|
| Describe Source:         |  |                        | <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary |                         |  |
| Start Date (mm/dd/yyyy): |  | End Date (mm/dd/yyyy): |                                                                       | Gross Monthly Income \$ |  |

Loans may be arranged or made pursuant to Department of Business Oversight (DBO) License 603D841 NMLS 302948  
California Bureau of Real Estate (CalBRE) License 00854858 AZ MB-BR-1048538  
We are currently offering loans in California and Arizona only.

## Manufactured Home Information

|                                                                                                                                                     |                                                            |                                                                   |                                                                        |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------|-------|
| Year Built:                                                                                                                                         | <input type="checkbox"/> New <input type="checkbox"/> Used | Sales Price \$                                                    | Down Payment \$                                                        |       |
| Make / Model:                                                                                                                                       | Size of Home:                                              | Width / Length:                                                   | Bed:                                                                   | Bath: |
| Decal # _____ (3 letters followed by 4 numbers, start with L or A)                                                                                  |                                                            |                                                                   |                                                                        |       |
| Mobile Home Park / Community:                                                                                                                       |                                                            | Space #                                                           | Monthly Space Rent \$                                                  |       |
| Private Property-Land & Home: <input type="checkbox"/> Y <input type="checkbox"/> N                                                                 | Lot Size:                                                  | Paved Road: <input type="checkbox"/> Y <input type="checkbox"/> N | Perm Foundation: <input type="checkbox"/> Y <input type="checkbox"/> N |       |
| Address (Street, City, State, Zip):                                                                                                                 |                                                            |                                                                   |                                                                        |       |
| This purchase will be: <input type="checkbox"/> Primary Residence <input type="checkbox"/> 2nd Home / Vacation <input type="checkbox"/> Buying for: |                                                            |                                                                   |                                                                        |       |

## Agents Contact Info

|                                  |                                                                                                                                     |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Agents Name:                     | <input type="checkbox"/> Buyers Agent <input type="checkbox"/> Listing Agent <input type="checkbox"/> Both Buyers and Listing Agent |
| Agents Company Name and Address: |                                                                                                                                     |
| Agents Email:                    | Email my approval to this agent: <input type="checkbox"/> Y <input type="checkbox"/> N                                              |
| Agents Office Number:            | Cell Phone Number:                                                                                                                  |

## Refinance Only

|                                                                                  |                                        |                                                                          |
|----------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------|
| Original Purchase Price \$                                                       | Original Down Payment \$               | Original Purchase Date:                                                  |
| Current Mortgage Holder:                                                         | Current Rate:                          | Current Loan Term:                                                       |
| Purpose of Refi: Rate Term <input type="checkbox"/> Y <input type="checkbox"/> N | Cash Out <input type="checkbox"/> Y \$ | Debt Consolidation <input type="checkbox"/> Y <input type="checkbox"/> N |
| If Cash Out, what will the money be used for?                                    |                                        |                                                                          |
| If Debt Consolidation, list the debts (Account Name and Amount):                 |                                        |                                                                          |

This application is designed to be completed by the applicant(s) with the Lender's assistance. Applicants should complete this form as "Borrower" or "Co-Borrower," as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when (Y) the income or assets of a person other than the Borrower (including the Borrower's spouse) will be used as a basis for loan qualification or (Y) the income or assets of the Borrower's spouse or other person who has community property rights pursuant to state law will not be used as a basis for loan qualification, but his or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property located in a community property state as a basis for repayment of the loan.

If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below):

Borrower

Co-Borrower

## 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, sex, and race) 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, sex, and race 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 "Hispanic or Latino" origins 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.

### Demographic Information of Borrower:

### Demographic Information of Co-Borrower:

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

### To be Completed by Financial Institution (for application taken in person):

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

### The Demographic Information was provided through:

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

### Loan Originator Information:

|                                              |                                                      |
|----------------------------------------------|------------------------------------------------------|
| Loan Organization Name: Address: _____       |                                                      |
| Loan Originator Organization NMLSR ID: _____ | State License ID#: _____ Loan Originator Name: _____ |
| Loan Originator NMLSR ID#: _____             | State License ID#: _____                             |
| Email: _____                                 | Phone: _____                                         |
|                                              |                                                      |
|                                              |                                                      |