



PAYMENT PLANS, INC.

WWW.PAYMENTPLANS.COM

INDIRECT MH CREDIT APPLICATION

Please complete in black ink.

Phone: 1-800-950-0070

Fax: 1-800-950-0069

NOTICE: You may apply for individual credit or joint credit with a spouse or another person. A married applicant may apply for individual credit.

Retailer		Phone		Salesperson/Contact		Location		Date		Time	
Loan Type CONVENTIONAL VARIABLE FHA LIL L/H				Total Est. Retailer installed Options \$				Gross Trade-In			
Manufactured Home Being Purchased Year _____ New Pre-Owned Repo Refi			Interest Rate		A/C		Cash Sale Price		Less Amount Owed on Trade-In		
Make/Model			# of Payments		W/D		Sales Tax		Net Trade-In		
Size		# of units	Invoice Amount		Monthly Payment		Skirt		Regis. Titling & Fees		Cash Down Payment
Trade-In: Year _____ Size			Down Payment Source Cash Gift		Steps		Insurance (s)		Total Down Payment		
Make/Model				Other		Total		Amount to be Financed			

Purpose of Purchase: Primary Residence Seasonal/Vacation Home Other (Explain) _____

Where will the manufactured home be located? Own Land Park Relative's Land Private Property Other Monthly Lot Rent? _____

What is the Address of its Location?
(Include Zip, County, Park Name and Address) _____

APPLICANT						CO-APPLICANT															
Name (Last, First, Middle Initial)				Birth Date		Name (Last, First, Middle Initial)				Birth Date											
Soc. Sec. Number		Married		Unmarried		Separated		Soc. Sec. Number		Married		Unmarried		Separated							
No. of Dependents Including Self			Dependent Ages			No. of Dependents Including Self			Dependent Ages												
Street Address (Provide 5-year history)				Home Phone		Street Address (Provide 5-year history)				Home Phone											
City, State, Zip Code				Years There		City, State, Zip Code				Years There											
Homeowner		Renter		Relative		Monthly Rent or Mortgage \$		Homeowner		Renter		Relative		Monthly Rent or Mortgage \$							
Homeowner		Is home being sold? Yes No						Homeowner		Is home being sold? Yes No											
Former Address (Street, City, State, Zip)			Homeowner		Renter		Relative		Years There		Former Address (Street, City, State, Zip)			Homeowner		Renter		Relative		Years There	
Landlord's Name				Phone Number		Landlord's Name				Phone Number											
Employer (Provide 5-year history)				Hire Date		Employer (Provide 5-year history)				Hire Date											
Street, City, State, Zip						Street, City, State, Zip															
Position/Title		Business Phone		Self-Employed Yes No		Position/Title		Business Phone		Self-Employed Yes No											
Gross Salary/Pay (Less Overtime)		# of years same line of work _____				Gross Salary/Pay (Less Overtime)		# of years same line of work _____													
\$ _____ Per Month		O/T Hourly Rate _____		# hrs O/T monthly _____		\$ _____ Per Month		O/T Hourly Rate _____		# hrs O/T monthly _____											
ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.																					
Alimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding																					
Source of Other Income				Monthly Amount \$		Source of Other Income				Monthly Amount \$											
Bank Card	Checking Acct. #	Bank Name/City/Phone				Bank Card	Checking Acct. #	Bank Name/City/Phone													
Y	N	Savings Acct. #	Bank Name/City/Phone				Y	N	Savings Acct. #	Bank Name/City/Phone											
Former Employer				Years Employed		Former Employer				Years Employed											
Former Employer Address						Former Employer Address															
Position/Title				Business Phone		Position/Title				Business Phone											
Former Employer Name/Address				Years Employed		Former Employer Name/Address				Years Employed											
Name of Nearest Relative (Not Living With You)				Home Phone		Name of Nearest Relative (Not Living With You)				Home Phone											
Relationship	Address			Business Phone		Relationship	Address			Business Phone											

