

Date:		Seller: J & G Homes		Purchase Agreement with Seller must be attached	
Phone: 865-414-8050		Fax:		Email: jghomesmhc@gmail.com	
				State: TN	
Property will be: <input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> Non Primary Residence <input type="checkbox"/> Buy For <input type="checkbox"/> Investment/Rental					
Purpose of the Loan: <input type="checkbox"/> Purchase home only <input type="checkbox"/> Purchase home and land <input type="checkbox"/> Land in Lieu					
Proposed Down Payment: \$ _____		Source of Down Payment: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other			
<input type="checkbox"/> Gift. If gift, from whom: _____		<input type="checkbox"/> Other (Explain): _____			
Using land as down payment. Value \$ _____		<input type="checkbox"/> Payoff if any \$+ _____		Date acquired: _____	
Land Purchase Price: _____		Whose land is it? _____		Will home be placed on this property? Y or N	
A minimum of 5% is required. A down payment greater than 5% increases the likelihood of approval and may result in a lower rate					
Street Address where the home will be located:					

City: Clinton		State: TN		zip: 37716	
County: Anderson					
Site of Placement: <input type="checkbox"/> Owned Property with no lien <input type="checkbox"/> Owned Property Land Contract/Mortgage Trust Deed					
<input type="checkbox"/> Leased <input type="checkbox"/> Family Land		<input checked="" type="checkbox"/> Community		<input type="checkbox"/> Reservation	
Information on the Land Lease Community, Land Owner name, Tribe name if home is to be placed on a Reservation, or the mortgage holder:					
Name: _____		Phone Number: 865-494-7220		Monthly Site Payment \$: 230	
Is the site rent scheduled to increase over the next four years? If so, please explain. Yes, Consumer Price Index					
EMAIL ADDRESS: jghomesmhc@gmail.com					
APPLICANT EMAIL ADDRESS:					
CO-APPLICANT EMAIL ADDRESS:					
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 joint applicant. Please advise whether credit references and/or credit history should be investigated under other name. It is a crime to intentionally falsify information on this application					
(A) APPLICANT			(B) CO-APPLICANT		
Full Name - First Middle Last			Full Name - First Middle Last		
Birth Date:	Social Security #		Birth Date:	Social Security #	
Sex: (Optional)	Marital Status:		Sex: (Optional)	Marital Status:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	
# Dependents:	Ages:		# Dependents:	Ages:	
(A) APPLICANT'S RESIDENCE			(B) CO-APPLICANT'S 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:		Mo.Mrtg/Rent:	City, State, Zip:		Mo.Mrtg/Rent:
Cell Phone:		Home Phone:	Cell Phone:		Home Phone:
How long at present address?		<input type="checkbox"/> Homeowner* <input type="checkbox"/> Parent	How long at present address?		<input type="checkbox"/> Homeowner* <input type="checkbox"/> Parent
Yrs	Mo	<input type="checkbox"/> Renter	Yrs	Mo	<input type="checkbox"/> Renter
*If home owner, what do you intend to do with the existing home?			*If home owner, what do you intend to do with the existing home?		
<input type="checkbox"/> Sell <input type="checkbox"/> Trade <input type="checkbox"/> Rent <input type="checkbox"/> Other - explain			<input type="checkbox"/> Sell <input type="checkbox"/> Trade <input type="checkbox"/> Rent <input type="checkbox"/> Other - 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?
Complete Mailing address (if different from physical)			Complete Mailing address (if different from physical)		
Name of nearest Relative NOT living with you:			Name of nearest Relative NOT living with you:		
Relationship:		Telephone Number:	Relationship:		Telephone Number:

(A) APPLICANT'S EMPLOYMENT HISTORY <small>(3 Year History REQUIRED)</small>				(B) CO-APPLICANT'S EMPLOYMENT HISTORY <small>(3 Year History REQUIRED)</small>			
CURRENT Employment Status (Primary Job)? <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other (Use "Other Income" Below)				CURRENT Employment Status (Primary Job)? <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other (Use "Other Income" Below)			
Position/Title				Position/Title			
Current Employer:		Employer's Phone:		Current Employer:		Employer's Phone:	
City		State	Zip	City:		State	Zip
Supervisor:		Hire Date:(MM/YYYY)		Supervisor:		Hire Date:(MM/YYYY)	
Gross Monthly Income \$		Hourly Rate \$ _____ pr hr _____ hrs pr week		Gross Monthly Income \$		Hourly Rate \$ _____ pr hr _____ hrs pr week	
Any gaps in employment greater than 30 days during the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of gaps: _____ Reason for gaps: _____				Any gaps in employment greater than 30 days during the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of gaps: _____ Reason for gaps: _____			
SECOND JOB? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", complete Second Employer				SECOND JOB? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", complete Second Employer			
Position/Title				Position/Title			
Second Employer:		Employer's Phone:		Second Employer:		Employer's Phone:	
City		State	Zip	City		State	Zip
Supervisor:		Hire Date:(MM/YYYY)		Supervisor:		Hire Date:(MM/YYYY)	
Gross Monthly Income \$		Hourly Rate \$ _____ pr hr _____ hrs/pr week		Gross Monthly Income \$		Hourly Rate \$ _____ pr hr _____ hrs/pr week	
PREVIOUS Employer:				PREVIOUS Employer:			
Previous Employer's Phone:		Gross Monthly Income \$		Previous Employer's Phone:		Gross Monthly Income \$	
City	State	Employment Dates:(MM/YYYY-MM/YYYY) _____/_____/_____ thru ____/____/_____		City	State	Employment Dates:(MM/YYYY-MM/YYYY) _____/_____/_____ thru ____/____/_____	
PREVIOUS Employer:				PREVIOUS Employer:			
Previous Employer's Phone:		Gross Monthly Income \$		Previous Employer's Phone:		Gross Monthly Income \$	
City	State	Employment Dates:(MM/YYYY-MM/YYYY) _____/_____/_____ thru ____/____/_____		City	State	Employment Dates:(MM/YYYY-MM/YYYY) _____/_____/_____ thru ____/____/_____	
(A) APPLICANT'S OTHER INCOME				(B) CO-APPLICANT'S OTHER INCOME			
Income from SSI, retirement, disability, alimony, child support, or separate maintenance agreement need not to be disclosed if you do not wish to have it considered as a basis for undertaking or repaying this debt.							
SSI/Disability (Not grossed up)		Monthly Amount: \$		SSI/Disability (Not grossed up)		Monthly Amount: \$	
Retirement		Monthly Amount: \$		Retirement		Monthly Amount: \$	
Child Support	List Ages of Children	Monthly Amount: \$		Child Support	List Ages of Children	Monthly Amount: \$	
Alimony or Separate Maintenance	Years Left	Monthly Amount: \$		Alimony or Separate Maintenance	Years Left	Monthly Amount: \$	
Other Source:	How Long:	Monthly Amount: \$		Other Source:	How Long:	Monthly Amount: \$	
MONTHLY HOUSEHOLD LIVING EXPENSES (Required)							
INSTRUCTIONS: Please fill out the MONTHLY HOUSEHOLD living expenses below such as food, clothing, gasoline, utilities, and health care, including the payment of recurring medical expenses. If blank a standard Living Expenses calculation formula will be used.							
Food \$ _____	Clothing \$ _____	Gasoline \$ _____	Utilities \$ _____	Health Care \$ _____	# of Dependents living in Household _____		
(A) APPLICANT - Debts / Obligations				(B) CO-APPLICANT - Debts / Obligations			
Alimony/Maintenance	Monthly Amount: \$	Expiration Date		Alimony/Maintenance	Monthly Amount: \$	Expiration Date	
Garnishment	Monthly Amount: \$	Expiration Date		Garnishment	Monthly Amount: \$	Expiration Date	
Child Support	Monthly Amount: \$	List Ages of Children		Child Support	Monthly Amount: \$	List Ages of Children	
Please detail any other debt obligations that may not be listed on your credit report on a separate page, including any note that you are a co-maker or guarantor. Name of creditor, Type of loan, Balance, and Monthly Payment.							

OTHER EXTRAORDINARY RECURRING EXPENSES			
(A) APPLICANT		(B) CO-APPLICANT	
Child Care Expense	\$ _____	Child Care Expense	\$ _____
Other:-explain	\$ _____	Other:-explain	\$ _____
Other:-explain	\$ _____	Other:-explain	\$ _____
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.			
	\$ _____		\$ _____
	\$ _____		\$ _____
(A) APPLICANT'S ASSET AND CREDIT INFORMATION		(B) CO-APPLICANT'S ASSET AND CREDIT INFORMATION	
Bank Name: _____		Bank Name: _____	
Account Type: _____ Balance:\$ _____		Account Type: _____ Balance:\$ _____	
Retirement/401k with: _____		Retirement/401k with: _____	
Account Type: _____ Balance:\$ _____		Account Type: _____ Balance:\$ _____	
Auto# yr/Make: _____ Lender: _____		Auto# yr/Make: _____ Lender: _____	
Payment: \$ _____ Balance:\$ _____		Payment: \$ _____ Balance:\$ _____	
Other Real Estate Owned: _____ Value: _____		Other Real Estate Owned: _____ Value: _____	
Payment: \$ _____ Balance:\$ _____		Payment: \$ _____ Balance:\$ _____	
QUESTIONS			
If the answer is "yes" to any of the questions (1-5), explain on attached sheet. Enter Y (yes) or N (no) for Borrower and/or Co-Borrower		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 10 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: _____
4-Have you had any judgments, repossessions, garnishments or other legal proceedings filed against you in the past 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5-Do you have any past due obligations to or insured by any agency of the Federal Government?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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. You may select one or more designations for "Ethnicity" and one or more designations for "Race." 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. If you do not wish to provide some or all of this information, please check below.

APPLICANT	CO-APPLICANT
Ethnicity <i>Check one or more</i> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino - <i>Print Origin:</i> For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	Ethnicity <i>Check one or more</i> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino - <i>Print Origin:</i> For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information



APPLICANT

Sex *Check one or more*

- Female
- Male
- I do not wish to provide this information

Race *Check one or more*

- American Indian or Alaska Native - Print name of enrolled or principal tribe: _____
- Asian
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian - Print race: _____

For example: Hmong, Laotian, Thai, Pakistani Cambodian and so on.

- Black or African American
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander - Print race: _____

For example: Fijian, Tongan, and so on.

- White
- I do not wish to provide this information

CO-APPLICANT

Sex *Check one or more*

- Female
- Male
- I do not wish to provide this information

Race *Check one or more*

- American Indian or Alaska Native - Print name of enrolled or principal tribe: _____
- Asian
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian - Print race: _____

For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

- Black or African American
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander - Print race: _____

For example: Fijian, Tongan, and so on.

- White
- 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? No Yes
- Was the race of the Borrower collected on the basis of visual observation or surname? No Yes
- Was the sex of the Borrower collected on the basis of visual observation or surname? No Yes

Borrower Signature

Date

Co-Borrower Signature

Date



**Addendum to FirstBank Credit Application
Communications Disclosure Form**

Revised: 05/05/2021

This credit application will be submitted to FirstBank (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 might 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 might impact your financing options, etc.

During the sales process, if there are questions that might impact the financing of your purchase, your sales consultants may conference or connect you with the appropriate representative(s) of the Lender for your convenience.

Following the receipt of your credit application, a Loan Originator 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 us at **(866) 592-2265**.

Below is a list of FirstBank Manufactured Housing Loan Originators:

NAME	EXT	NMLS #	NAME	EXT	NMLS #
FirstBank	N/A	472433	Stacy Tadlock	55331	132942
David Alejandro Bocangel	55204	1092710	Ron F Humphrey II	55333	730260
David S Tweel	55109	723264	Nia Tinsley	55209	1475988
Kadana Coward	55145	1876509	Timothy Michael Hogue	55189	1730793
Andy Bright	55206	1165689	Brendan Wynia	55190	2145234
Mike Rhea	55135	659334	Sterling Mills	55167	1369103
Carolyn Nelson	55139	1643808	Josh Hurst	55170	1498770
Stephanie Ward	55116	2059406	Chris Wyrick	55174	1868289
Mark Edwin Wilson	55111	202241	Richard Kevin McGill	55141	58551
Kevin Kimzey	55130	1707238	David Clayton	55336	2136917

By providing contact information below, you authorize FirstBank to send the credit decision and other necessary personal financial information from this credit application via the contact method(s) listed.

Please provide an email address, phone number, and/or fax number to which we may directly inform you of our credit decision (in addition to any required notices of action taken, which will be mailed to your current address.) FirstBank does not require the use of electronic disclosure.

Email: _____ Phone : (____) _____ Fax: (____) _____

By signing below, you authorize FirstBank to share any decision and other necessary documentation with your retailer/realtor for the purpose of facilitating your sales transaction. You also acknowledge that you have personally completed the information on the application and that the information is complete and accurate.

By signing below, you acknowledge that you have read and understood the details provided.

Please sign below and retain a copy for your records.

****REQUIRED****

If you intend to apply for joint credit, please initial here _____ Applicant _____ Co-Applicant

Applicant Signature (Date)

Co-Applicant Signature (Date)

Dealership - Dealer Name

Sales Person (Date)

BANK USE ONLY

FirstBank - Loan Originator
(Full Name & NMLS)

Signature (Date)