

STERLING ASSOCIATES APPLICATION FOR FINANCING

TEL. (800)286-8073/FAX (508)234-1557/WWW.RVBANKER.COM/49 CHURCH ST. WHITINSVILLE, MA 01588

<input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> REFINANCE <input type="checkbox"/> REFINACE/REPOWER		<input type="checkbox"/> NEW <input type="checkbox"/> USED	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT <input type="checkbox"/> CORPORATE <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> LLC		
SELLING PRICE		DOWN PAYMENT	FINANCE AMOUNT		STERLING CONTACT
YEAR	MAKE/MODEL			LENGTH	<input type="checkbox"/> MOTERHOME <input type="checkbox"/> FIFTH WHEEL <input type="checkbox"/> TRAILER
ENGINE YEAR	ENGINE MAKE	H.P.		<input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	MILEAGE
TRADE YEAR	TRADE MAKE/DESCRIPTION				
SELLER/BROKER/DEALER		REQUESTED TERM	INTENDED USE		HOW DID YOU HEAR OF US?

APPLICANT						
FULL NAME			SSN	DATE OF BIRTH		<input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT ALIEN <input type="checkbox"/> NON-PERMANENT RESIDENT ALIEN
STREET ADDRESS		CITY	STATE	ZIP CODE	YEARS THERE	IF RENT, MO. RENT
PREVIOUS STREET ADDRESS (IF LESS THAN 2 YRS AT CURRENT)		CITY	STATE	ZIP CODE	YEARS THERE	
EMPLOYER NAME			POSITION/TITLE		ANNUAL INCOME	YEARS THERE
EMPLOYER STREET ADDRESS			CITY	STATE	ZIP CODE	
PREVIOUS EMPLOYER NAME/ADDRESS (IF LESS THAN 2 YRS AT CURRENT)			POSITION/TITLE		ANNUAL INCOME	YEARS THERE
HOME PHONE	WORK PHONE	CELL PHONE		EMAIL ADDRESS		

CO-APPLICANT						
FULL NAME			SSN	DATE OF BIRTH		<input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT ALIEN <input type="checkbox"/> NON-PERMANENT RESIDENT ALIEN
STREET ADDRESS		CITY	STATE	ZIP CODE	YEARS THERE	IF RENT, MO. RENT
PREVIOUS STREET ADDRESS (IF LESS THAN 2 YRS AT CURRENT)		CITY	STATE	ZIP CODE	YEARS THERE	
EMPLOYER NAME			POSITION/TITLE		ANNUAL INCOME	YEARS THERE
EMPLOYER STREET ADDRESS			CITY	STATE	ZIP CODE	
PREVIOUS EMPLOYER NAME/ADDRESS (IF LESS THAN 2 YRS AT CURRENT)			POSITION/TITLE		ANNUAL INCOME	YEARS THERE
HOME PHONE	WORK PHONE	CELL PHONE		EMAIL ADDRESS		

MARITAL STATUS (DO NOT COMPLETE IF THIS IS AN APPLICATION FOR AN INDIVIDUAL UNSECURED ACCOUNT)

APPLICANT MARRIED SEPERATED UNMARRIED (including Single, Divorced, Widowed, Civil Union, Domestic Partnership, Registered Reciprocal Beneficiary Relationship)

CO-APPLICANT MARRIED SEPERATED UNMARRIED (including Single, Divorced, Widowed, Civil Union, Domestic Partnership, Registered Reciprocal Beneficiary Relationship)

CREDIT INFORMATION (ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF APPLICANT(S) DO(ES) NOT WISH IT TO BE CONSIDERED FOR REPAYING THIS OBLIGATION)

APPLICANT - SOURCE	MONTHLY INCOME	CO-APPLICANT - SOURCE	MONTHLY INCOME

ASSETS AND LIABILITIES INFORMATION SHOULD BE COMPLETED ABOUT BOTH THE APPLICANT AND CO-APPLICANT. PLEASE MARK APPLICANT RELATED INFORMATION WITH AN "A" AND CO-APPLICANT WITH A "CA" WHEN APPLICATION IS A JOINT APPLICATION. USE SEPARATE SHEET IF NECESSARY.

ASSETS				LIABILITIES			
CURRENT ASSETS			TOTAL OF BALANCES	CREDIT CARDS/LINES OF CREDIT/INSTALLMENT LOANS, ECT.	MO. PAYMENT	TOTAL OF BALANNCES	
CHECKING/SAVINGS/MONEY MARKET ACCOUNTS							
BROKERAGE ACCOUNTS							
RETIREMENT ACCOUNTS (401K, IRA, ETC)							
TOTAL				TOTAL			
REAL ESTATE – PLEASE DESCRIBE	INCOME PROP?	RENT INCOME	ESTIMATED VALUE	REAL ESTATE LOANS	MO. PAYMENT	BALANCE	
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
TOTAL				TOTAL			
MISC. ASSETS (AUTOS, BOATS, RV'S, ETC) - PLEASE DESCRIBE			ESTIMATED VALUE	OTHER LIABILITIES (ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE OR OTHER	MO. PAYMENT	BALANCE/END DATE	
TOTAL				TOTAL			
TOTAL ASSETS				TOTAL LIABILITIES			
					NET WORTH		

DECLORATIONS: ABOUT YOUR FINANCES

	APPLICANT	CO-APPLICANT
1. Are you a co-signer or guarantor on any debt or loan that is not disclosed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are there any outstanding judgements against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you currently delinquent or in default of federal debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you a party to a lawsuit in which you potentially have any personal financial liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you conveyed title to any property in lieu of foreclosure in the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Within the past 7 years, have you completed a pre-foreclosure sale or sort sale, whereby the property was sold to a third party and the Lender agreed to accept less than the outstanding mortgage balance due?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you had property foreclosed upon in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you declared bankruptcy within the past 7 years? If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 Reason for filing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

All the statements I/We have made are true and correct, and I understand you will rely upon them. Any financial institution or finance company to which applicant or co-applicant (Or seller/broker on behalf of applicant or co- applicant) may apply for financing on the manufactured home described above is hereby authorized to investigate the credit history and capability of applicant or co-applicant. In connection with this credit application or any subsequent credit update or credit renewal, any proposed credit granting party may request a consumer report concerning the applicant and/or co-applicant. The applicant and/or co-applicant may ask whether the creditor obtained such a report. If such a report has been obtained, the applicant and/or co-applicant may request the name and address of the reporting agency that provided the report

REGULATION B NOTICE – REQUIRED FOR JOINT APPLICATIONS (INTENT TO APPLY JOINTLY MUST BE SHOWN BY INITIALING THE LINES BELOW)

WE INTEND TO APPLY FOR JOINT CREDIT: APPLICANT: _____ CO-APPLICANT: _____

PATRIOT ACT NOTICE – REQUIRED INFORMATION FOR ALL APPLICATIONS
To help the US Government fight the funding of terrorism and money laundering, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

APPLICANT DRIVER'S LICENSE #	STATE	DATE ISSUED	DATED EXPIRES	CO-APPLICANT DRIVER'S LICENSE #	STATE	DATED ISSUED	DATED EXPIRES	
APPLICANT SIGNATURE				DATE	CO-APPLICANT SIGNATURE			DATE