Credit Application for Manufactured (Mobile) Home

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0328 (exp. 1/31/2027)

This application is submitted to obtain credit under the provisions of Title I of the National Housing Act. Please answer all questions.

Public reporting burden for this collection of information is estimated to average 0.5 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Privacy Act Statement: The Department of Housing and Urban Development (HUD) is authorized to collect this information by Title I, section 2 of the National Housing Act (12 U.S.C. 1703), and to obtain and verify your Social Security Number (SSN) by section 165 of the Housing and Community Development Act of 1967 (42 U.S.C. 3543). You must provide all of the information requested. This information will be used to determine your creditworthiness and to assist HUD in accounting for and monitoring the use of Title I funds. Your SSN is a unique identifier which may be used to conduct computer matches to verify the information you provide. This information may be given to Federal, State, or local agencies when relevant to civil, criminal, or regulatory investigations or prosecutions. It will not be otherwise disclosed or released outside of HUD or the lending institution which will provide the loan funds, except as required or permitted by law. Failure to provide any of the requested information may result in delay or rejection of your application.

General Information: You are required to answer the questions on sex, race and ethnic background. Your answers are needed to determine the characteristics of Title I program beneficiaries, and willI not affect consideration of your application. By providing this information, you will assist us in ensuring that this program is administered in a nondiscriminatory manner. If you feel you have been discriminated against and you want to report it, the Fair Housing and Equal Opportunity Hotline Number is (800) 424-8590.

This information is being collected to permit more efficient risk management of the Title I loan portfolio as well as facilitate claims processing for loan defaults. The information provides a more comprehensive basis for evaluating Title I lender underwriting practices and thereby improving risk management of the loan portfolio and also enhances management's ability to determine appropriate policy changes affecting the Title I portfolio as a whole. Responses are required in order to obtain benefits. No assurance of confidentiality is provided.

I/We hereby apply for a loan of \$ (net) to be repaid in months Date										
1. Do you have any past due obligations owed to or insured by any agency of the Federal Government? (check the appropriate box) (If the answer is "Yes," you are not eligible to apply for an FHA Title I loan until the existing debt has been brought current.)										
2. Have you any other application for an				ed judgments agains		s No)			
at this time? Yes No	, ,		•	ed bankrupt in the last	, –	Yes	No			
If "Yes," with whom? (Name and addre	ss)	I	•	wers to items 3 and 4	•					
	,	·								
5a. Applicant(s)	5b. Co-Applicant									
Name of Applicant	Name of Co-Applicant									
Social Security Number		Social Security Nun	er							
Present Address	esent Address How Long			Present Address How Lon						
Previous Address		How Long	Previous Address		How Long					
Marital Status Married Unmarried (including	Marital Status	Married Unmarried (including	\$eparated g Single, Divorced,	Widowed)						
Sex Date of Birth Number of Dependents			Sex Date of Birth Number of Dependents Male Female							
Ethnicity: (select only one)	Ethnicity: (sel	ect only one)								
Hispanic or Latino Not Hispanic or Latino			Hispanic or Latino Not Hispanic or Latino							
Race: (select one or more)			Race: (select o	ne or more)						
American Indian or Alaska Native	American Indian or Alaska Native									
American Indian or Alaska Native Asian Black or African American White			Black or African American White							
Native Hawaiian or Other Pacific Islander			Native Hawaiian or Other Pacific Islander							
Name & Address of Nearest Relative Not Living With You			Name & Address of Nearest Relative Not Living With You							
Relationship Telephone Number			Relationship Telephone Number							
6. Applicants' Bank Account Name & Address of Bank o			r Branch							
Yes Savings No Checking										
	1									

	er Income Source Indicate s Income from alimony, child supp					ınless you will r	elyupon	itas a bas	sisforunder	taking or repa	ying this loan.
Source		Amount \$	per	Soul	rce				Amount	per	
Source		Amount	poi	Soui	rce				Amount	PCI	
		\$	per						5	per	
Source		Amount	•	Soui	rce			A	Amount	·	
		\$	per					5	5	per	
8a. Em	ployment and Salaries (if Se	elf-Employed, Subn	nit Current Financial Statement.)	8b. C	о-Арр	licant					
Applicant	t Employer Name & Business Add	ress		Co-A _l	pplicant	Employer Name	e & Busir	ness Addr	ess		
Business	Phone Number	Type of Wor	k or Position	Business Phone Number			Т	Type of Work or Position			
Number	of Years	Salary per w	reek or month (Gross) per	Number of Years				Salary per week or month (Gross) \$ per			
Applicant	t Previous Employer Name & Busi	ness Address		Co-Ap	oplicant	Previous Emplo	yer Nam	e & Busin	ess Addres	3	
Business	Phone Number	Type of Wor	k or Position	Business Phone Number			Т	Type of Work or Position			
Number	of Years	Salary per w	reek or month (Gross) per				Salary per week or month (Gross) \$ per				
9. Appl	licants' Debts. List all fixed ob							Governme	ent agencies	outstanding o	r Paid in Full.
	ır more spac	e is needed, list	all additional debts on separate	e pages	and att	acn tnem to this	form.		Present	Monthly	Amount
	tive Liens								Balance	Payment	Past Due
Lien Hold	der			Year 8	Make			\$		\$	\$
Lien Hold	der			Year 8	Make			\$		\$	\$
	iens (to whom indebted) Account Number		City & State	FHA In Yes	sured No	Date Incurred	Origi Amo	I	Present Balance	Monthly Payment	Amount Past Due
			,					\$		\$	\$
								\$		\$	\$
								\$		\$	\$
								\$		\$	\$
	e Manufactured Home will b Manufactured Home Park (s)				Monthly	Rent		Monthly Utiliti	es
	Driverte Oite ()						4	Owners		•	
F	Private Site (address)						1 1 1	Land C Mortga	ontract ge or Tru	st Deed	
	ceeds of this Loan Will be Used						n or Lot	Only			
Year	Manufacturer's Na	ame	Model Name & Number	Manu	facture	r's Serial No	Length	Width	Color		Cost
										\$	
Describe	e Optional Equipment									\$	

Previous editions are obsolete. Page 2 of 3 ref Handbook 4000.1 form **HUD-56001-MH** (01/2027)

I (We) certify that the above statements are true, accurate, and complete to the best of My (Our) knowledge and belief. This Application shall remain the property of the Lending Institution to which submitted for the purpose of obtaining a loan. I (We) hereby consent to and authorize the Lending Institution or the HUD-FHA, after the giving of reasonable notice, to enter the secured property for the purpose of determining that the Manufactured (Mobile) Home specified in this Application has been delivered and installed.	I / We certify that: (1) I / We am/are the person(s) who sold the Manufactured (Mobile) Home. (2) The Contract contains the whole agreement with the borrower. (3) The borrower has not been giver or promised a cash payment or rebate nor has it been represented to the borrower that he/she will receive a cash bonus or commission on future sales as an inducement for the consummation of this transaction; no encouragement of trial purchase; no promise that the Manufactured (Mobile) Home will be used as a model for advertising or other demonstration purposes; and no offer of deb consolidation.
Applicant's Name & Signature	Dealer's Name & Signature
X Co-Applicant's Name & Signature	X ————————————————————————————————————
x	X —
Warning : HUD will prosecute false claims and statements. Conviction ma U.S.C. 3729,3802)	y result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31
If application is prepared by any other than the applicant, the person prep made herein are based upon information given to me (us) by the borrow Signature & Address of Preparer other than Borrower	paring the application must sign below. I (we) certify that the statements ver(s) and are accurate to the best of my (our) knowledge and belief.
X	

Previous editions are obsolete. Page 3 of 3 ref Handbook 4000.1 form **HUD-56001-MH** (01/2027)