

WHO REFERRED YOU TO US? _____

Phone: _____

Loan Originator _____

NMLS Unique Identifier _____

PRIORITY FUNDING LLC D/B/A: NORTHBORO PRIORITY FUNDING

Manufactured/Mobile Home Specialists

292 Main Street, Suite G 1 • Northboro, Massachusetts 01532 • Tel. 508-393-5511 • Toll free 877-393-5511 • Fax 508-393-4999

See Us on the Internet! <http://www.priloan.com> NMLS Company ID: 3318

<input type="checkbox"/> PURCHASE	<input type="checkbox"/> REFINANCE	<input type="checkbox"/> NEW	<input type="checkbox"/> USED	<input type="checkbox"/> IN-PARK	<input type="checkbox"/> LAND HOME	APPLICATION TAKEN: <input type="checkbox"/> IN PERSON <input type="checkbox"/> BY MAIL <input type="checkbox"/> BY FAX <input type="checkbox"/> BY PHONE		
PURCHASE PRICE		DOWN PAYMENT			FINANCE AMOUNT			
HOME MODEL YEAR	HOME MANUFACTURER			HOME LENGTH & WIDTH		LOT RENT		
STREET ADDRESS OF MANUFACTURED HOME			CITY		STATE	ZIP CODE		
PARK NAME			SELLER/BROKER					
DO YOU INTEND TO USE YOUR MOBILE HOME AS YOUR PRINCIPAL DWELLING?				<input type="checkbox"/> YES	<input type="checkbox"/> NO			
DO YOU INTEND TO USE THIS MOBILE HOME AS RENTAL PROPERTY?				<input type="checkbox"/> YES	<input type="checkbox"/> NO			
ARE YOU PURCHASING THIS MOBILE HOME FOR ANOTHER PERSON?				<input type="checkbox"/> YES	<input type="checkbox"/> NO			

APPLICANT

FULL NAME (First, Middle Initial, Last, Suffix)			SOCIAL SECURITY NUMBER		DATE OF BIRTH	ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CURRENT STREET ADDRESS		CITY	<input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Other	STATE	ZIP CODE	YEARS THERE		
PREVIOUS STREET ADDRESS (IF LESS THAN 2 YRS AT CURRENT)		CITY	<input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Other	STATE	ZIP CODE	YEARS THERE		
NUMBER OF DEPENDENTS	DEPENDENT AGES			MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <small>(inc. Single, Divorced, Widowed)</small>				
HOME PHONE	WORK PHONE	CELL PHONE		EMAIL ADDRESS				
EMPLOYER NAME		Check if Self-Employed <input type="checkbox"/>		POSITION/TITLE		GROSS MONTHLY INCOME		YEARS THERE
EMPLOYER ADDRESS		CITY			STATE	ZIP CODE		
PREVIOUS EMPLOYER NAME (IF LESS THAN 2 YRS AT CURRENT)			POSITION/TITLE		GROSS MONTHLY INCOME		YEARS THERE	

CO-APPLICANT

FULL NAME (First, Middle Initial, Last, Suffix)			SOCIAL SECURITY NUMBER		DATE OF BIRTH	ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CURRENT STREET ADDRESS		CITY	<input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Other	STATE	ZIP CODE	YEARS THERE		
PREVIOUS STREET ADDRESS (IF LESS THAN 2 YRS AT CURRENT)		CITY	<input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Other	STATE	ZIP CODE	YEARS THERE		
NUMBER OF DEPENDENTS	DEPENDENT AGES			MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <small>(inc. Single, Divorced, Widowed)</small>				
HOME PHONE	WORK PHONE	CELL PHONE		EMAIL ADDRESS				
EMPLOYER NAME		Check if Self-Employed <input type="checkbox"/>		POSITION/TITLE		GROSS MONTHLY INCOME		YEARS THERE
EMPLOYER ADDRESS		CITY			STATE	ZIP CODE		
PREVIOUS EMPLOYER NAME (IF LESS THAN 2 YRS AT CURRENT)			POSITION/TITLE		GROSS MONTHLY INCOME		YEARS THERE	

CREDIT INFORMATION

Are you or the co-applicant currently obligated to pay child support or alimony? YES NO If yes, \$ _____ per week

Have you or the co-applicant ever filed bankruptcy? YES NO If yes, date filed _____

If yes, please explain _____

Are there any outstanding judgements, garnishments or other legal proceedings against you? YES NO

If yes, please explain _____

Have you ever obtained credit under another name? YES NO Are you a co-maker on another note? YES NO

If yes, list name _____

BANK REFERENCES:

BANK – CHECKING	ADDRESS	ACCOUNT NO.	CHECKING BALANCE
			\$
BANK – SAVINGS	ADDRESS	ACCOUNT NO.	SAVINGS BALANCE
			\$

AUTOMOBILES / REAL ESTATE OWNED:

YEAR /MAKE/MODEL OF AUTOMOBILE OWNED	CREDITOR	ACCT #	UNPAID BALANCE #	MONTHLY PMT.
				\$
YEAR /MAKE/MODEL OF AUTOMOBILE OWNED	CREDITOR	ACCT #	UNPAID BALANCE #	MONTHLY PMT.
				\$

INDEBTEDNESS & CREDIT REFERENCES:

LIST ALL OTHER INDEBTEDNESS BELOW. IF NONE, LIST CREDIT REFERENCES. LIST FOR BOTH APPLICANTS ONLY IF HE/SHE WILL BE CONTRACTUALLY LIABLE. (INDICATE BY CHECK MARK (✓) LOANS LISTED BELOW TO BE PAID OFF WITH PROCEEDS OF THIS LOAN).

NAME OF CREDITOR	PURPOSE OF CREDIT LINE	ACCOUNT NUMBER	ORIGINAL AMT.	UNPAID BAL.	✓	MONTHLY PMTS.
						\$
						\$
						\$
						\$

INFORMATION FOR GOVERNMENT MONITORING PURPOSES:

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

<p>APPLICANT I do not wish to furnish this information <input type="checkbox"/></p> <p>SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>RACE/NATIONAL ORIGIN: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White</p> <p>ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p>	<p>CO-APPLICANT I do not wish to furnish this information <input type="checkbox"/></p> <p>SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>RACE/NATIONAL ORIGIN: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White</p> <p>ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p>
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FEDERAL DISCLOSURES:

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised a right under Consumer Protection Act.

The Federal Agency that administers compliance with this law concerning this Lender is: Federal Trade Commission, Washington, D.C. 20580

The lender may not require the applicant to take insurance through any particular insurance agent or company to protect the mortgaged property. The applicant has the right to have the insurance placed with an insurance agent or company of his choice, provided the company meets the requirements of the lender. The lender has the right to designate reasonable financial requirements as to the company and adequacy of the coverage.

An investigation will be made as to the credit standing of all individuals seeking credit in this application. The nature and scope of any investigation will be furnished to you upon written request made within a reasonable period of time. In the event of denied credit due to an unfavorable consumer report, you will be advised of the identity of the Consumer Reporting Agency making such report and of right to request within sixty (60) days the reason for the adverse action, pursuant to provisions of Section 615(b) of the Fair Credit Reporting Act. You have the right under the Fair Credit Reporting Act to know the information contained in your credit file at the consumer reporting agency if an adverse action is taken on your loan application. You also have the right to dispute the accuracy or completeness of any information in a consumer credit report furnished by the consumer credit reporting agency.

RIGHT TO RECEIVE A COPY OF THE APPRAISAL:

You have the right to receive a copy of the appraisal report free of charge provided that you have paid for the appraisal. To receive one copy of the original appraisal, please send your written request to: Priority Funding LLC, D/B/A Northboro Priority Funding, 292 Main Street, Suite G1, Northboro, MA 01532

IMPORTANT PRIVACY NOTICE REGARDING OUR DISCLOSURE OF NON-PUBLIC INFORMATION ABOUT YOU: Evidence of physical damage insurance on the collateral securing the loan you seek is required at closing. By submitting this application, you authorized us to disclose any non-public information about you to an independent insurance company for the purpose of providing you with a quote for such insurance. You are under no obligation whatsoever to purchase insurance from the insurance company making the quote. However, if you do not want us to disclose such non-public information in order to obtain a quote for you, simply initial the box at the end of this paragraph and no non-public information will be disclosed. The decision to extend credit to you is not conditioned upon your agreement to allow us to disclose such non-public information.

Any financial Institution or lender to which you (or a seller or broker on your behalf) may apply for financing on the mobile manufactured home described in this application is hereby authorized to investigate your credit history and credit worthiness.

You hereby certify that (i) all of the statements made by you in this application are true and correct and are made for the purpose of obtaining credit, (ii) you will notify the lender of any material change in your statements, and (iii) no part of your down payment will be borrowed.

- I am applying for individual credit in my own name and I am relying on my own income and assets and not the income or assets of another person.
- I am applying for individual credit and I am relying on my income and assets, as well as income or assets from another source.
- We are applying for joint credit.

_____ Applicant's Signature	_____ Date	_____ Co-Applicant's Signature	_____ Date
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**When complete, please fax application to 508-393-4999 or mail to:
Priority Funding LLC D/B/A: Northboro Priority Funding, 292 Main Street, Suite G1, Northboro, MA 01532**