



RESIDENTIAL CREDIT APPLICATION

Phone 866.866.1331 • Fax 866.866.1334

P.O. Box 1197 • Evansville, IN 47706

Please print clearly and sign the application.

Homeowner's Name (First, Middle, Last)			Social Security Number		Date of Birth
Home Address: Street Address (no P.O. boxes)		Check one: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Years at Address	Installation Address (if different from Home Address)	
City	State	Zip Code	Home Phone:		Cell Phone:
Employer	Position (Job Title)		Years there	Take home pay \$ _____ monthly	Work Phone
Other income (amount and source): 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. \$ _____ Per _____ Source: _____			Mortgage Payment \$ _____ monthly	# of Dependents (excluding Spouse)	E-mail Address
Active Bank Account in Your Name: <input type="checkbox"/> Checking & Savings <input type="checkbox"/> Checking Only <input type="checkbox"/> Savings Only <input type="checkbox"/> None			Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)		
Name of nearest relative not living with you		Telephone	Relationship	Address	

Complete Co-Homeowner information if applying for joint credit.

Co-Homeowner's Name (First, Middle, Last)			Social Security Number		Date of Birth
Street Address (no P.O. boxes)		City	State	Zip Code	Work Phone
Employer	Position (Job Title)		Years there	Monthly take home pay	

Notices to Homeowner and Co-Homeowner: The undersigned individuals, jointly and severally, for themselves and on behalf of the below-named Dealer (1) certify that all information contained in this Application is correct and accurate; (2) authorize Comfort Financial Services, LLC ("Comfort"), its employees, and agents to make such inquires, and to obtain such information, from such persons and sources as Comfort may deem necessary or appropriate in order to evaluate and approve this Application, including, without limitation, making inquires to commercial and consumer reporting agencies, secured lenders, depository financial institutions, and general creditors, and obtaining information from these persons and sources, including, for example, information in the form of credit reports on the undersigned individuals; (3) authorize these persons and sources to furnish such information as such persons or sources may have or obtain on the undersigned individuals, in response to any inquiries made by Comfort, its employees, or agents in connection with this Application; (4) if this Application is subsequently approved, (a) authorize Comfort, its employees, and agents to make periodic inquiries of the persons and sources who may have previously furnished information in connection with this Application and (b) authorize such persons and sources to furnish such information as they may have or obtain on the undersigned individuals.

Buyer(s) Sign Here

<input checked="" type="checkbox"/> _____ Signature of Homeowner	_____ Date	<input checked="" type="checkbox"/> _____ Signature of Co-Homeowner	_____ Date
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Dealer Use Only

Dealer's Name		Salesperson Name	
Estimated Loan Amount \$ _____	Term (years) _____	Type: <input type="checkbox"/> PFD <input type="checkbox"/> ES <input type="checkbox"/> 90 <input type="checkbox"/> 180 <input type="checkbox"/> 360 <input type="checkbox"/> OTH	
Homeowner Driver License No. _____		Co-Homeowner Driver License No. _____	