DAKOTALAND HOMES 1028 South Lyons Sioux Falls, SD 57106			<u>APPLICATION</u>							Fa	(605)335-8122 Fax (605) 335-8130 www.dakotalandhomes.com			
APPLICANT														
Name:							Birth Date:			Soc Sec 4	# :			
Home Phone:		Cell Pho	one Number:				•	Status:						
Number of Dependent (Children:	Ages:						Home St	tatus:					
-						•								
LANDLORD INFORM	MATION_													
Present Address:									Но	w Long:		Yr.		Mos.
Landlord Name:					Phone	#:			Mo	nthly Payı	ment:			
Previous Address:									Но	w Long:		Yr.		Mos.
Landlord Name:					Phone	#:			Mo	nthly Payı	ment:			
RELATIVE INFORM	ATION									-				
Name of Nearest Relati	ve not living with	you:									Relat	ionship:		
Address:											Pho	one #:		
APPLICANT EMPLO	YMENT													
Employer:			С	City, S	State:					Phor	ne #:			
Job Title:					Hire Date:		G	ross Salary:			Per	r:		
Previous Employer:					City, St	ate								
Phone #:					Employed 1	From:		Го						
APPLICANT'S OTHE for repaying this obligate		ote: Alimony	y, child supp	ort, o	r separate m	nainter	nance income ne	ed not be rev	vealed	unless you	ı want i	them con	sidered	as a basis
Source:					Monthly Ar	nount								
CREDIT INFORMAT	ION													
Checking Account:	1011		Account	. #.				Balance:						
Savings Account:			Account					Balance:						
401K/Retirement Accou	inte: Monthly Inv	ectment:	Account	ιπ.			Balance to I							
OBLIGATIONS	ants. Monuny mv	estilient.					Datance to 1	Jaic.						
Largest Monthly Obliga	ntion-Bank Name						Phone #:				Acct No)·		
Collateral:	ation Bank Ivanie.				Current Ba	lance:	Thone w.	Mo Payı	nent:		icet i te	Date O	men	
Alimony/Child Support	Payment:			I	Current Bu		Mo Payment:	1110 1 431	nent.			Bute	pen	
, emia support	,						ujmenti							
VOLUNTARY INFOI The following information housing, and home mortgage this information, or on whe required to note the informa- to assure that the disclosure	is requested by the t ge disclosure laws. Y ther you choose to f ation on the basis of	ederal govern You are not recurnish it. For a visual observ	ment for certa quired to furni- race, you may ation or surna	in type sh this check me. If	es of loans res s information, more than or you do not w	lated to but are ne designs ish to f	o a dwelling in orde e encouraged to do gnation. If you do i furnish the informa	so. The law p not furnish eth tion, please ch	rovides micity, neck the	that a lenderace, or sex	er may n . under F	ot discrim Federal reg	inate on gulations	the basis of this lender is
□ I do not w	ish to furnish thi	s informati	on			Rac	ce: Native Ha	awaiian or o	other I	Pacific Isla	ander			
Ethnicity: Hispanic	or Latino	□ Not His	spanic or La	atino			□ American	Indian or A	Alaska	Native [Asiar	1		
Sex: □ Female	□ Male						□ Black or A	African Am	erican	[□ Whi	te		
I HEREBY DECLARE THAT . INC. IS AUTHORIZED TO IN ENTERPRISES, INC., DEEN EXPERIENCE WITH ME	IVESTIGATE MY CRI	EDIT RECORD	, TO VERIFY M	AY CR	EDIT, EMPLO	YMEN'	T AND INCOME RE	FERENCES, TO	OBTA	N SUCH OT	HER INF	ORMATIO	N AS CA	J

Date:

Applicant's Signature:

DAKOTALAND HOMES 1028 South Lyons Sioux Falls, SD 57106	<u>C</u>	CO-APPLI	(605)335-8122 Fax (605) 335-8130 www.dakotalandhomes.com					
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Name:			Birth Date:		Soc Sec #	# :		
Home Phone: Ce	ell Phone Number:			Status:				
Number of Dependent Children: Aş	ges:			Home Sta	tus:			
LANDLORD INFORMATION								
Present Address:					How Long:	<u> </u>	Yr.	Mos.
Landlord Name:		Phone #	t:		Monthly Payr	nent:		
Previous Address:					How Long:	<u> </u>	Yr.	Mos.
Landlord Name:		Phone #	÷:		Monthly Payr	nent:		
RELATIVE INFORMATION								
Name of Nearest Relative not living with you:						Relati	ionship:	
Address:						Pho	one #:	
APPLICANT EMPLOYMENT								
Employer:	City,	State:			Phon	e #:		
Job Title:		Hire Date:		ross Salary:		Per	:	
Previous Employer:		City, Stat	e					
Phone #:		Employed Fr	om:	То				
APPLICANT'S OTHER INCOME Note: Al for repaying this obligation.	imony, child support,	or separate ma	intenance income ne	ed not be reve	aled unless you	want t	hem consid	dered as a basis
Source:		Monthly Amo	ount					
CREDIT INFORMATION								
Checking Account:	Account #:			Balance:				
Savings Account:	Account #:			Balance:				
401K/Retirement Accounts: Monthly Investment			Balance to					
OBLIGATIONS								
Largest Monthly Obligation-Bank Name:			Phone #	:	A	Acct No):	
Collateral:		Current Balar	nce:	Mo Payme	ent:		Date Ope	en
Alimony/Child Support Payment:		•	Mo Payment:	· ·	•			
			•					
VOLUNTARY INFORMATION FOR GOV The following information is requested by the federal housing, and home mortgage disclosure laws. You are this information, or on whether you choose to furnish required to note the information on the basis of visual to assure that the disclosures satisfy all requirements to	government for certain ty not required to furnish th it. For race, you may chec observation or surname. I	pes of loans related is information, but the more than one of the state of the stat	ed to a dwelling in ord ut are encouraged to do designation. If you do h to furnish the informa	so. The law pro not furnish ethni tion, please che	ovides that a lende icity, race, or sex. ck the box below.	er may no under F	ot discrimina ederal regula	ate on the basis of ations this lender is
☐ I do not wish to furnish this info	rmation		Race: □ Native H	awaiian or ot	her Pacific Isla	ınder		
Ethnicity: Hispanic or Latino	ot Hispanic or Latino	0	□ Americar	Indian or Al	aska Native 🗆	Asian	i	
Sex: □ Female □ Male			□ Black or	African Amer	ican [□ Whit	e	
I HEREBY DECLARE THAT ALL OF THE STATEMENTS INC. IS AUTHORIZED TO INVESTIGATE MY CREDIT RE ENTERPRISES, INC., DEEMS NECESSARY, AND TO G	ECORD, TO VERIFY MY C	REDIT, EMPLOY	MENT AND INCOME RE	FERENCES, TO	OBTAIN SUCH OT	HER INFO	ORMATION A	AS CAJ

Date:

Applicant's Signature: