

COMPLETED BY INSPIRE	Community name <b>Grand Oasis</b>		<input checked="" type="checkbox"/> An all-ages community <input type="checkbox"/> A 55-and-over community		Contact <b>Chellie Williamson</b>	Phone (w/area code) <b>435-259-5834</b>	Date <b>4-13-2021</b>
	Site Address <b>400 N 500 W</b>			Site #	City <b>Moab</b>	State <b>Utah</b>	Zip <b>84532</b>
	Lot rent (w/o concessions) \$ _____ per mo.		Home Payment \$ _____ per mo.		Purchase Price \$ _____		Move In Desire Date
	Make	Year	length	Width	Model	Serial Number	
	Type of application:	<input checked="" type="checkbox"/> Residency only <input type="checkbox"/> Lease to own <input type="checkbox"/> Seasonal Rental <input type="checkbox"/> Background Only		Source of home:	<input checked="" type="checkbox"/> Inventory <input type="checkbox"/> Brokered <input type="checkbox"/> Retail Partner <input type="checkbox"/> Private/Other		Home use: <input type="checkbox"/> Primary residence <input type="checkbox"/> Secondary residence <input type="checkbox"/> Other: _____
	For "Residency only" application, indicate source of home financing:			<input type="checkbox"/> Cash		<input type="checkbox"/> Outside lender: _____ (include copy of loan approval)	
Would this applicant like to receive a quote from Inspire Communities for American Modern Homeowner's (or Renter's) Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, fax application to the Transaction Center.)							

**Applicant Information**

**Applicant 1**

Name (Last, First Middle)		Social Security Number	Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
Dependents other than any listed by Co-applicant	Drivers License #	Borrowers relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other		

**Applicant 1 Address History**

Current Address		Home Phone (w/ area code)		Cell Phone (w/area code)	
City	State	Zip	Email	Residency Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other	
How long at this address? ___ yrs ___ mos		IF LESS THAN TWO (2) YEARS, LIST FORMER ADDRESS BELOW:		Mortgage/Land Lord (Name and phone number)	
Former Address		City	State	Zip	Monthly Payment \$ _____ per mo
Residency Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other		How long? ___ yrs ___ mos		Mortgage/Land Lord Phone (Name and phone number)	
				Monthly Payment \$ _____ per mo	

**Applicant 1 Employment History**

Current employer OR List Retired		phone (w/area code)	City	State	Occupation Detail
<input type="checkbox"/> If self employed check box	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time employed or Retired Yrs _____ Months _____		Gross income OR Retirement Income \$ _____ per mo	IF LESS THAN TWO (2) YEARS, LIST FORMER EMPLOYER BELOW:
Employer		phone (w/area code)	City	State	Occupational Detail
<input type="checkbox"/> If self employed check box	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time employed or Retired Yrs _____ Months _____		Gross income OR Retirement Income \$ _____ per mo	

**Applicant 1 Other Income**

*Notice: Income from alimony, child support, maintenance, and public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation.*

Source	Monthly Amount \$	Source	Monthly Amount \$	Source	Monthly Amount \$
Have you ever filed bankruptcy in the last 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a felony?	
Have you had any judgments, repossessions, garnishments, or Legal proceedings filed against you in the last 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you applied for credit under a different name?	
Please explain any "YES" answers in the "Additional Comments" section on page 5.					

**Assets for Applicant 1 (Please include Liquid Assets as it may enhance your approval chances)**

Type of Account	Bank	Balance
		\$
		\$
		\$
		\$

**Credit References and Other Expenses for Applicant 1 ( include payments and obligations that likely DO NOT already show up on the credit bureau; such as child support obligations and buy here/pay here car loans and furniture companies)**

Type of Bill	Company or Payee	Monthly Obligation
Child Care		\$
Child Support		\$
Alimony		\$
Car Loan		\$
Other:		\$

**Applicant 2**

Name (Last, First Middle)		Social Security Number	Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
Dependents other than any listed by Co-applicant	Drivers License #	Borrowers relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other		

**Applicant 2 Address History**

Current Address			Home Phone (w/ area code)	Cell Phone (w/area code)
City	State	Zip	Email	Residency Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other
How long at this address? ___ yrs ___ mos	IF LESS THAN TWO (2) YEARS, LIST FORMER ADDRESS BELOW:		Mortgage/Land Lord (Name and phone number)	Monthly Payment \$ ___ per mo
Former Address			City	State
Residency Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other		How long? ___ yrs ___ mos	Mortgage/Land Lord Phone (Name and phone number)	Monthly Payment \$ ___ per mo

**Applicant 2 Employment History**

Current employer OR List Retired		phone (w/area code)	City	State	Occupation Detail
<input type="checkbox"/> If self employed check box	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time employed or Retired Yrs Months	Gross income OR Retirement Income \$ ___ per mo	IF LESS THAN TWO (2) YEARS, LIST FORMER EMPLOYER BELOW:	
Employer		phone (w/area code)	City	State	Occupational Detail
<input type="checkbox"/> If self employed check box	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time employed or Retired Yrs Months	Gross income OR Retirement Income \$ ___ per mo		

**Applicant 2 Other Income**

*Notice: Income from alimony, child support, maintenance, and public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation.*

Source	Monthly Amount \$	Source	Monthly Amount \$	Source	Monthly Amount \$
Have you ever filed bankruptcy in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you applied for credit under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had any judgments, repossessions, garnishments, or Legal proceedings filed against you in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please explain any "YES" answers in the "Additional Comments" section on page 5.			

**Assets for Applicant 2 (Please include Liquid Assets as it may enhance your approval chances)**

Type of Account	Bank	Balance
		\$
		\$
		\$
		\$

**Credit References and Other Expenses for Applicant 2 ( include payments and obligations that likely DO NOT already show up on the credit bureau; such as child support obligations and buy here/pay here car loans and furniture companies)**

Type of Bill	Company or Payee	Monthly Obligation
Child Care		\$
Child Support		\$
Alimony		\$
Car Loan		\$
Other:		\$

Applicant 3					
Name (Last, First Middle)		Social Security Number	Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	
Dependents other than any listed by Co-applicant	Drivers License #		Borrowers relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other		
Applicant 3 Address History					
Current Address			Home Phone (w/ area code)	Cell Phone (w/area code)	
City	State	Zip	Email	Residency Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other	
How long at this address? ___ yrs ___ mos	IF LESS THAN TWO (2) YEARS, LIST FORMER ADDRESS BELOW:		Mortgage/Land Lord (Name and phone number)		Monthly Payment \$ _____ per mo
Former Address			City	State	Zip
Residency Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other		How long? ___ yrs ___ mos	Mortgage/Land Lord Phone (Name and phone number)		Monthly Payment \$ _____ per mo
Applicant 3 Employment History					
Current employer OR List Retired		phone (w/area code)	City	State	Occupation Detail
<input type="checkbox"/> If self employed check box	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time employed or Retired Yrs _____ Months _____	Gross income OR Retirement Income \$ _____ per mo		IF LESS THAN TWO (2) YEARS, LIST FORMER EMPLOYER BELOW:
Employer		phone (w/area code)	City	State	Occupational Detail
<input type="checkbox"/> If self employed check box	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time employed or Retired Yrs _____ Months _____	Gross income OR Retirement Income \$ _____ per mo		
Applicant 3 Other Income					
<i>Notice: Income from alimony, child support, maintenance, and public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation.</i>					
Source	Monthly Amount \$ _____	Source	Monthly Amount \$ _____	Source	Monthly Amount \$ _____
Have you ever filed bankruptcy in the last 7 years? Have you had any judgments, repossessions, garnishments, or Legal proceedings filed against you in the last 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? Have you applied for credit under a different name?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Assets for Applicant 3 (Please include Liquid Assets as it may enhance your approval chances)</b>					
Type of Account		Bank		Balance	
				\$ _____	
				\$ _____	
				\$ _____	
				\$ _____	
Credit References and Other Expenses for Applicant 3 ( include payments and obligations that likely DO NOT already show up on the credit bureau; such as child support obligations and buy here/pay here car loans and furniture companies)					
Type of Bill		Company or Payee		Monthly Obligation	
Child Care				\$ _____	
Child Support				\$ _____	
Alimony				\$ _____	
Car Loan				\$ _____	
Other:				\$ _____	
Applicant 4					
Name (Last, First Middle)		Social Security Number	Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	
Dependents other than any listed by Co-applicant	Drivers License #		Borrowers relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other		
Applicant 4 Address History					
Current Address			Home Phone (w/ area code)	Cell Phone (w/area code)	
City	State	Zip	Email	Residency Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other	
How long at this address? ___ yrs ___ mos	IF LESS THAN TWO (2) YEARS, LIST FORMER ADDRESS BELOW:		Mortgage/Land Lord (Name and phone number)		Monthly Payment \$ _____ per mo
Former Address			City	State	Zip
Residency Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other		How long? ___ yrs ___ mos	Mortgage/Land Lord Phone (Name and phone number)		Monthly Payment \$ _____ per mo

**Applicant 4 Employment History**

Current employer OR List Retired		phone (w/area code)	City	State	Occupation Detail
<input type="checkbox"/> If self employed check box	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time employed or Retired Yrs                      Months	Gross income OR Retirement Income \$                                      per mo		IF LESS THAN TWO (2) YEARS, LIST FORMER EMPLOYER BELOW:
Employer		phone (w/area code)	City	State	Occupational Detail
<input type="checkbox"/> If self employed check box	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time employed or Retired Yrs                      Months	Gross income OR Retirement Income \$                                      per mo		

**Applicant 4 Other Income**

*Notice: Income from alimony, child support, maintenance, and public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation.*

Source	Monthly Amount \$	Source	Monthly Amount \$	Source	Monthly Amount \$
Have you ever filed bankruptcy in the last 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a felony?	
Have you had any judgments, repossessions, garnishments, or Legal proceedings filed against you in the last 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you applied for credit under a different name?	
				Please explain any "YES" answers in the "Additional Comments" section on page 5.	

**Assets for Applicant 4 (Please include Liquid Assets as it may enhance your approval chances)**

Type of Account	Bank	Balance
		\$
		\$
		\$
		\$

**Credit References and Other Expenses for Applicant 4 (include payments and obligations that likely DO NOT already show up on the credit bureau; such as child support obligations and buy here/pay here car loans and furniture companies)**

Type of Bill	Company or Payee	Monthly Obligation
Child Care		\$
Child Support		\$
Alimony		\$
Car Loan		\$
Other:		\$

**Financing**

Total Cash Down payment \$	Total Trade Equity for Down Payment \$
Total Down Payment (Cash Down payment + Total Trade Equity) \$	Total % of Sales Price

Applicant 1	Applicant 2	Applicant 3	Applicant 4
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

*To be completed by the interviewer:* This application was taken by  Face-to-Face Interview  Mail  Telephone  Internet

Child Occupant 1		Child Occupant 2	
Name (Last, First Middle)	Name Suffix	Name (Last, First Middle)	Name Suffix
Social Security Number	Date of Birth	Social Security Number	
Child Occupant 3		Child Occupant 4	
Name (Last, First Middle)	Name Suffix	Name (Last, First Middle)	Name Suffix
Social Security Number	Date of Birth	Social Security Number	Date of Birth

Adult Occupant 1						
Name (Last, First Middle)		Social Security Number	Date of Birth	Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other		
Current Address			City	State	Zip Code	
Adult Occupant 2						
Name (Last, First Middle)		Social Security Number	Date of Birth	Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other		
Current Address			City	State	Zip Code	
Adult Occupant 3						
Name (Last, First Middle)		Social Security Number	Date of Birth	Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other		
Current Address			City	State	Date of Birth	
Adult Occupant 4						
Name (Last, First Middle)		Social Security Number	Date of Birth	Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other		
Current Address			City	State	Date of Birth	
Pet Information						
Type	Breed	Color	Sex	Name	Birth Date	License #
Vehicle Information						
Year	Make		Model		Plate/License #	
Year	Make		Model		Plate/License #	
Year	Make		Model		Plate/License #	
Automatic Electronic Payment Option EFT Pay)			Where You referred by Anyone : <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mortgage Payment: <input type="checkbox"/> Accept <input type="checkbox"/> Decline	Lot and Lease payment: <input type="checkbox"/> Accept <input type="checkbox"/> Decline	Referrer Name:		Is the referrer a resident? <input type="checkbox"/>		
Emergency Contact						
Name			Address:			
Day Phone (w/area code)		Evening Phone (w/area/code)		Relationship:		

**Additional Comments**

I/we hereby declare that all statements made in this application are true and correct. I/we are applying for residence in the Community named above. I/we hereby authorize Inspire Communities to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my/our application. I/we agree that verification or reverification of any information contained in this application may be made at any time by the Creditor or Community either directly or through a credit reporting agency. I/we understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other information. I/we hereby expressly release Inspire Communities, and any procurer or furnisher of such information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my/our application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies. I/we authorize Creditor and Community to provide a photocopy of this application to others to prove my/our authorization for the release of information by others. I/we authorize the Creditor to release any of the information that I/we provided concerning this application to investors who may purchase my/our loan from the creditor. The Creditor and/or Community will rely on the information contained in this application; I/we agree to update the information if any material facts change prior to closing or occupancy. I/we authorize the Creditor and/or Community to release to third parties any information necessary to monitor the status of the insurance sold to me on my Property. The Creditor, Community, and/or one of their affiliates may earn a commission in connection with any insurance sold to me/us to the extent permitted by law. This application is not a contract, lease, or a homesite reservation and gives me/us no rights of tenancy

Applicant 1: _____	Applicant 2: _____
Applicant 3: _____	Applicant 4: _____
Adult Occupant 1: _____	Adult Occupant 2: _____
Adult Occupant 3: _____	Adult Occupant 4: _____