

**LOAN QUALIFICATION DOCUMENTS REQUEST FORM**

Date: \_\_\_\_\_

**Identification Documents:**

- Completed Loan Application (DO NOT LEAVE ANY BLANK SPACES)
- Driver's License/ State ID / US Passport / Permanent Resident Card / Consulate ID (Any One of these)
- SSN Card or Number
- 2 Most Recent Pay Statements

**Collateral Documents:**

- Department of Housing Certificate of Title
- Proof of Insurance

**Proof of Income:**

**If Employed:**

- 2 Recent Check Stubs (Within Last 45 days) AND/OR
- 2 Months Bank Statements (Within Last 2 Months)

**If Retired/Disabled:**

- Social Security and/or Pension Award Letter AND/OR
- 2 Social Security and/or Pension Check Drafts AND/OR
- 2 Months Bank Statements (Within Last 2 Months)

**If Self-Employed/Special Circumstance:**

- 2 Years Tax Returns AND/OR
- 3 Months Bank Statements
- OTHER \_\_\_\_\_

**SPECTRUM FUNDING, LLC**  
**6816 S La Cienega Blvd Inglewood, Ca 90302**  
**Phone: (800) 910-6901 Fax: (888) 988-8344 Email: documents@loan4title.com**  
**California Finance Lender's License # 6031921. NMLS ID: 1688506**

**CREDIT APPLICATION**

**IMPORTANT: Read these Directions before completing this Application.**

Check Appropriate Box	<input type="checkbox"/> If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete Sections A, C, D, and E, omitting B and the second part of C.
	<input type="checkbox"/> If this is an application for joint credit with another person, complete all Sections, providing information in B about the joint applicant. <div style="text-align: center;">We intend to apply for joint credit.</div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;">Applicant</div> <div style="text-align: center;">Co-Applicant</div> </div>
	<input type="checkbox"/> If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

**Amount Requested:** \_\_\_\_\_ **Payment Date Desired:** \_\_\_\_\_ **Proceeds of Credit To be Used For:** \_\_\_\_\_ **How Did You Hear About Us:** \_\_\_\_\_  
 \$ \_\_\_\_\_

**SECTION A--INFORMATION REGARDING APPLICANT**

Full Name (Last, First, Middle): \_\_\_\_\_  
 Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No.: \_\_\_\_-\_\_\_\_-\_\_\_\_ DL/ID No.: \_\_\_\_\_  
 Cell phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_  
 Present Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Since: \_\_\_\_\_  
 Previous Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years there: \_\_\_\_\_  
 Present Employer/Main Source of Income: \_\_\_\_\_ Since: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Present net income: \$ \_\_\_\_\_ Pay cycle: \_\_\_\_\_  
 Position or Title: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Previous Employer: \_\_\_\_\_ Years there: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Previous Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**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.**

Alimony, child support, separate maintenance received under:  court order  written agreement  oral understanding

Other income: \$ \_\_\_\_\_ per: \_\_\_\_\_ Source: \_\_\_\_\_  
 Other income: \$ \_\_\_\_\_ per: \_\_\_\_\_ Source: \_\_\_\_\_

Is any income listed in this Section likely to be reduced before the credit requested is paid off?  Yes  No

If yes, please explain in detail:

**Personal References**

Name (First, Last): \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Name (First, Last): \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Name (First, Last): \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

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**SECTION B—INFORMATION REGARDING JOINT APPLICANT, OR OTHER PARTY**

Full Name (Last, First, Middle): \_\_\_\_\_ Relationship to applicant (if any): \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DL/ID No.: \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Present Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Since: \_\_\_\_\_

Previous Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Since: \_\_\_\_\_

Present Employer/Main Source of Income: \_\_\_\_\_ Since: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Present net income: \$ \_\_\_\_\_ Pay cycle: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Previous Employer: \_\_\_\_\_ Years there: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Previous Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**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.**

Alimony, child support, separate maintenance received under:  court order  written agreement  oral understanding

Other income: \$ \_\_\_\_\_ per: \_\_\_\_\_ Source: \_\_\_\_\_

Other income: \$ \_\_\_\_\_ per: \_\_\_\_\_ Source: \_\_\_\_\_

Is any income listed in this Section likely to be reduced before the credit requested is paid off?  Yes  No

If yes, please explain in detail:

**Personal References**

Name (First, Last): \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name (First, Last): \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name (First, Last): \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**SECTION C--MARITAL STATUS**

(Do not complete if this is an application for an individual account.)

Applicant:  Married  Separated  Unmarried

Other Party:  Married  Separated  Unmarried

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**SECTION D--OUTSTANDING DEBTS**

(If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant related information with an "A." If Section B was not completed, only give information about the Applicant in this Section.)

**MONTHLY OBLIGATIONS**

(Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary.)

Creditor / Service Provider	Type of Debt	Name(s) in Which Account Carried	Original Debt Amount	Present Balance	Monthly Payment	Past Due?
1. Mobile Home Park:	Space Rent	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Both	-	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Utilities	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Both	-	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Insurance Company:	Property Insurance	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Both	-	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Auto Loan(s)	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Both	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Credit Card(s)	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Both	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Personal Loan(s)	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Both	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Cable/TV/ Phone/Internet	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Both	-	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Alimony/Child Support/ Separate Maintenance	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Both	-	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Other	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Both	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Debts	-	-	\$	\$	\$	-

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Are you a co-maker, endorser or guarantor on any loan or contract?  Yes  No Who?  Applicant  Co-Applicant  Both  
 If "yes" for whom? \_\_\_\_\_ To whom? \_\_\_\_\_

Are there any unsatisfied judgments against you?  Yes  No Who?  Applicant  Co-Applicant  Both  
 If "yes", Amount owed: \$ \_\_\_\_\_ To whom? \_\_\_\_\_

Have you been declared bankrupt in the last 14 years?  Yes  No Who?  Applicant  Co-Applicant  Both  
 If "yes" where? \_\_\_\_\_ is it  Open or  Discharged As of: \_\_\_\_\_

**SECTION E--SECURED CREDIT**

(Briefly describe the property to be given as security.)

Manufactured Year \_\_\_\_\_ Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  
 Decal # \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_ County \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Mobile Home Park Name: \_\_\_\_\_ Mobile Home Park Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 Mobile Home Park Manager: \_\_\_\_\_ Mobile Home Park Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 Mobile Home Park Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  Singlewide  Doublewide  Triple-wide

Property Location (if different from Present address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

and list all other co-owners of the property:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

if home is not paid off list present lienholders:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 Account #: \_\_\_\_\_ Original debt: \$ \_\_\_\_\_ Present Balance: \$ \_\_\_\_\_ Payment amount: \$ \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 Account #: \_\_\_\_\_ Original debt: \$ \_\_\_\_\_ Present Balance: \$ \_\_\_\_\_ Payment amount: \$ \_\_\_\_\_

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

\_\_\_\_\_  
 Applicant's Signature Date Other Signature Date

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**COVERED BORROWER IDENTIFICATION STATEMENT**

Federal law provides important protections to active duty members of the Armed Forces and their dependents. To ensure that these protections are provided to eligible applicants, we require you to *sign one* of the following statements as applicable:

I AM a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer.

\_\_\_\_\_  
*Borrower's Name (Print)*

\_\_\_\_\_  
*Co-Borrower's Name (Print)*

\_\_\_\_\_  
*Borrower's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Borrower's Signature*

\_\_\_\_\_  
*Date*

**—OR—**

I AM a dependent of a member of the Armed Forces on active duty as described above, because I am the member's spouse, the member's child under the age of eighteen years old, or I am an individual for whom the member provided more than one-half of my financial support for 180 days immediately preceding today's date.

\_\_\_\_\_  
*Borrower's Name (Print)*

\_\_\_\_\_  
*Co-Borrower's Name (Print)*

\_\_\_\_\_  
*Borrower's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Borrower's Signature*

\_\_\_\_\_  
*Date*

**—OR—**

I AM NOT a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer (or a dependent of such a member).

\_\_\_\_\_  
*Borrower's Name (Print)*

\_\_\_\_\_  
*Co-Borrower's Name (Print)*

\_\_\_\_\_  
*Borrower's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Borrower's Signature*

\_\_\_\_\_  
*Date*

**Warning: It is important to fill out this form accurately. Knowingly making a false statement on a credit application is a crime**

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**AUTHORIZATION TO OBTAIN CREDIT REPORT**

I hereby authorize and instruct **SPECTRUM FUNDING, LLC ("SP")** to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by SP. I understand and agree that SP intends to use the credit report for the purpose of evaluating my financial readiness to obtain a loan from SP. I understand that this credit report will be retained on file at the SP office for use only by its staff.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to SP in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

Upon request, SP will provide me with the name and address of the Consumer Reporting Agency contacted to supply the report. I understand that credit inquiries have the potential to impact my credit score.

Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

\_\_\_\_\_  
Borrower's Name (Print)

\_\_\_\_\_  
Co-Borrower's Name (Print)

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Borrower's date of birth

\_\_\_\_\_  
Co-Borrower's date of birth

\_\_\_\_\_  
Borrower's Social Security Number

\_\_\_\_\_  
Co-Borrower's Social Security Number

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Borrower's present address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Co-Borrower's present address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**NAME INFORMATION VERIFICATION AUTHORIZATION**

To whom it may concern: I, the undersigned, authorize you to answer questions that Spectrum Funding, LLC may ask about me as part of the relationship I have or am about to enter into with them. I have provided your contact information so they can contact you to obtain the information they need. Thank you for providing Spectrum Funding, LLC with the information they request. Spectrum Funding, LLC is hereby authorized to leave a message with you.

\_\_\_\_\_  
Borrower's Name (Print)

\_\_\_\_\_  
Co-Borrower's Name (Print)

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Date

**AUTHORIZATION & REPRESENTATIONS AGREEMENT**

By signing below, I certify that all information I supplied on and in addition to this Application (collectively "Application") is true and correct and I confirm that I have read and agree to all of the terms of this Application. I authorize Loan4title, to verify its truthfulness. I expressly authorize Spectrum Funding, LLC, to contact any person identified on this Application during its underwriting process and when servicing my loan and to leave messages. I represent and warrant that I am not currently a debtor in any bankruptcy proceeding and that I do not intend to file a bankruptcy petition within 90 days of receiving my loan. Any false statement I make shall be sufficient basis for rejection of credit. Spectrum Funding, LLC, is authorized to get my consumer credit report and to check my credit and my employment histories to determine my creditworthiness, if needed. This Application is Spectrum Funding, LLC's property and it will not be returned. AS REQUIRED BY LAW, I AM HEREBY NOTIFIED THAT A NEGATIVE CREDIT REPORT MAY BE SUBMITTED TO A CREDIT REPORTING AGENCY IF I FAIL TO FULLFILL THE TERMS OF MY CREDIT OBLIGATIONS. By providing my cell phone number, I expressly consent to receiving all types of calls and text messages on my cell phone, whether live or automated, from Spectrum Funding, LLC, concerning my application and loan. Spectrum Funding, LLC, will not charge you for such calls and text messages; however, your cell phone provider may.

\_\_\_\_\_  
Borrower's Name (Print)

\_\_\_\_\_  
Co-Borrower's Name (Print)

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Date