

# MANCHESTER LEASING COMPANY

## LESSEE APPLICATION - INDIVIDUAL

### PART 1 APPLICANT

LAST NAME		FIRST	INITIAL	DATE OF BIRTH	SOCIAL SECURITY NO.	NO. DEPENDENTS		
HOME ADDRESS			CITY	STATE	ZIP	HOW	Year   Month	
COUNTY OF RESIDENCE		E-MAIL ADDRESS			HOME PHONE NO.	LONG   CELL PHONE		
FORMER HOME ADDRESS			CITY	STATE	ZIP	HOW	Year   Month	
EMPLOYED BY		POSITION			HOW		Year   Month	
BUSINESS ADDRESS			CITY	STATE	ZIP	BUSINESS PHONE	MONTHLY GROSS SALARY	
NAME OF MY BANK		CITY	STATE	Checking	Other Income - Excluding Alimony,	SOURCE	OTHER MONTHLY INCOME	
FORMER EMPLOYER		POSITION	HOW	Year   Month	FORMER EMPLOYER ADDRESS			
NAME OF RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	RELATIVE'S ADDRESS			CITY	STATE   ZIP	RELATIVE'S PHONE
OPTIONAL- ANSWER ONLY IF APPLICANT DESIRES		Will Applicant Rely on Income From		<input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Separate Maintenance	as a Basis to Repay this Lease YES <input type="checkbox"/> NO <input type="checkbox"/>		State Amount To Be Received Monthly >>>	

<input type="checkbox"/> JOINT CREDIT - We intend to apply for joint credit.	INITIALS _____
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### IF APPLYING FOR JOINT CREDIT COMPLETE PART 2, CO-APPLICANT SECTION

### PART 2 CO-APPLICANT

LAST NAME		FIRST	INITIAL	DATE OF BIRTH	SOCIAL SECURITY NO.	NO. DEPENDENTS	
HOME ADDRESS			CITY	STATE	ZIP	HOME PHONE NO.	HOW   Year   Month
EMPLOYED BY		POSITION			HOW		Year   Month
BUSINESS ADDRESS			CITY	STATE	ZIP	BUSINESS PHONE	MONTHLY GROSS SALARY
NAME OF MY BANK		CITY	STATE	Checking	Other Income - Excluding Alimony,	SOURCE	OTHER MONTHLY INCOME
FORMER EMPLOYER		POSITION	HOW	Year   Month	FORMER EMPLOYER ADDRESS		
OPTIONAL- ANSWER ONLY IF APPLICANT DESIRES		Will Applicant Rely on Income From		<input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Separate Maintenance	as a Basis to Repay this Lease YES <input type="checkbox"/> NO <input type="checkbox"/>		State Amount To Be Received Monthly >>>

**If Co-appliant section has been completed, both Applicant and Co-appliant should provide credit reference information. Mark Applicant-related information with an "A". If Co-Applicant section was not completed only give information about Applicant.**

### PART 3 CREDIT REFERENCES

(BANK, CREDIT UNIONS, FINANCE COMPANIES, STORES, ETC.)

HOME	OWN RENT	LANDLORD OR MORTGAGE HOLDER	DATE PURCHASED	PAYMENT AMOUNT	BALANCE DUE
OTHERS - FIRM NAME					
		TYPE OF LOAN	ADDRESS	WHOSE NAME ACCOUNT HELD	PAYMENT AMOUNT   BALANCE DUE
<b>TOTAL MONTHLY PAYMENTS</b>					

INSURANCE AGENCY			AGENT			PHONE NUMBER		
PROPOSED LEASE		TERM	MONTHLY	TYPE LEASE		INSURANCE BY		RV
YEAR	MAKE	NO. MONTHS	RENTAL	OPEN	CLOSED	LESSOR	LESSEE	

THE ABOVE STATEMENTS ARE SUBMITTED FOR THE PURPOSE OF OBTAINING CREDIT AND ARE CERTIFIED TO BE TRUE AND CORRECT.

I (WE) AGREE THAT USUAL CREDIT INQUIRIES MAY BE MADE TO VERIFY STATEMENTS.

I (WE) AGREE THAT THIS APPLICATION SHALL REMAIN THE PROPERTY OF THE BANK WHETHER THE LEASE IS GRANTED OR NOT.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CO-APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_