

APPLICATION COVER SHEET



SUBMIT APPLICATIONS TO: ORIGINATIONS@TRIADFS.COM
SUBMIT CONDITIONS TO: CONDITIONS@TRIADFS.COM

APPLICANT NAME:	RETAILER NAME:	CLIENT ID:
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RETAILER ADDRESS:

CITY:	STATE:	ZIP:
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CHATTEL LAND PLUS LAND HOME

CONTACT INFORMATION FOR ALL LOAN CORRESPONDENCE

BDM CONTACT	PHONE NUMBER	EMAIL ADDRESS
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LOAN OFFICER	PHONE NUMBER	EMAIL ADDRESS
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LOAN PROCESSOR	PHONE NUMBER	EMAIL ADDRESS
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BORROWER IS REQUESTING FINANCED BUY-DOWNS

SELLER IS PAYING BUY-DOWNS

NOTES: