



Clear Visions Glass
670 Cambridge Street
Fredericksburg, VA 22405

CLEAR VISIONS GLASS SUPPLEMENTAL FINANCING FORM

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THE HOME YOU INTEND TO FINANCE
ANSWER EACH QUESTION COMPLETELY, OTHERWISE WE CANNOT PROCESS YOUR APPLICATION

Clear Visions Glass respects the privacy of all applicants. All information on this form is confidential and will be used only for the purposes of determining your eligibility to receive financing

THE YEAR YOUR HOUSE WAS BUILT

THE TYPE OF HOUSE (I.E. RANCH, COLONIAL, CAPE COD)

THE NUMBER OF BEDROOMS

THE NUMBER OF BATHROOMS

DOES YOUR HOUSE HAVE A BASEMENT? YES ☐ NO ☐

DOES YOUR HOUSE HAVE A GARAGE? YES ☐ NO ☐

SQUARE FOOTAGE OF YOUR HOUSE

DO YOU HAVE AN ESCROW ACCOUNT? YES ☐ NO ☐

DO YOU CURRENTLY HAVE A MORTGAGE? YES ☐ NO ☐

IF YOUR HOUSE IS CURRENTLY MORTGAGED, PLEASE ANSWER THE FOLLOWING:

IS YOUR MORTGAGE RATE FIXED OR ADJUSTABLE? FIXED ☐ ADJUSTABLE ☐

THE YEAR YOUR MORTGAGE WENT INTO EFFECT

THE LENGTH OF YOUR MORTGAGE, IN YEARS

THE PERCENTAGE RATE ON YOUR MORTGAGE

BUYER(S) CREDIT INFORMATION: If this is an INDIVIDUAL application, complete the information under section A. If this is a JOINT application, complete both sections A and B. NOTE: If married, the spouse is not required to be the JOINT applicant. NOTICE TO MARRIED APPLICANTS RESIDING IN WISCONSIN: No provision of any marital property agreement, unilateral statement under Section 766.59 Wis. Stats., or court decree under Section 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision. MARRIED WISCONSIN APPLICANTS: If you are applying for INDIVIDUAL credit or JOINT credit with someone who is not your spouse, combine your and your spouses information on this Application.



FAX: 1-800-232-9755

APPLICATION MUST BE SIGNED. Please print in CAPITAL LETTERS and avoid contact with the lines:

S M I T H

Dealer Name _____ Dealer # _____ Loan Type ☐ Nonlien ☐ Lien ☐ FHA ☐ Consolidation
Dealer Fax # _____ Dealer Phone # _____

Initial Project

\$ _____, _____ \$ _____, _____ \$ _____, _____
Work Amount Down Payment Consolidation Amount Term in Months
☐ Kitchen & Bath ☐ Windows, Siding, Roofing
☐ Pool ☐ Other _____ Description
☐ Room Add, Garage, MFG Room Add

(A) Applicant*

First Name _____ M. Initial _____ Last Name _____ Marital Status ☐ Married ☐ Unmarried ☐ Separated
Present Address _____ How Long at Present Address _____ Years _____ Months
City _____ State _____ Zip _____ Home Phone _____
County _____ Social Security Number _____ # of Dependents _____
Birth Date _____ Month _____ Day _____ Year _____
Previous Address (If less than 2 years at Present Address) _____ How Long at Previous Address _____ Years _____ Months
City _____ State _____ Zip _____
Your Employer _____ How Long (Yrs./Mos.) _____ Total Monthly Income _____ Business Phone _____
Previous Employer (If less than 2 years at Present Employer) _____ How Long (Yrs.) _____ Source of Other Income** _____ Monthly Amount _____
Credit References ☐ Checking ☐ Savings ☐ Other _____
(✓all that apply) ☐ Nearest Relative Not Living With You: _____ Name _____ Address _____ Home Phone _____

Co-Applicant Information

First Name _____ M. Initial _____ Last Name _____ Relationship to Applicant ☐ Spouse ☐ Other
Birth Date _____ Month _____ Day _____ Year _____ Social Security Number _____ Home Phone _____
Your Employer _____ How Long (Yrs./Mos.) _____ Total Monthly Income _____ Business Phone _____
Source of Other Income** _____ Monthly Amount _____
*Wisconsin Applicants: If you are a married Wisconsin applicant, you must provide your spouse's information in the Joint Applicant section, even though your spouse may not be signing the application. Married Wisconsin Residents: We are required to ask you to furnish the name and address of your spouse if different than the Joint Application Information.

Property Information

Date Purchased (Month/Year) _____ Purchase Price \$ _____ Balance Owed \$ _____ Current Market Value \$ _____ Monthly Payment \$ _____
First Mortgage Holder _____ Loan Number _____ Phone _____
Second Mortgage Holder _____ Loan Number _____ Phone _____
First Mortgage ☐ Contract ☐ Mortgage/Deed Home Type: ☐ Mobile Home ☐ Single Family ☐ Multi-Family/ # of Units _____ Homeowners Ins. \$ _____ Premium _____
Bought On: ☐ Monthly ☐ Annual ☐ Semi-Annual

Creditor Information

Creditor Name 1 _____ Current Balance \$ _____ Monthly Payment \$ _____ Creditor Name 2 _____ Current Balance \$ _____ Monthly Payment \$ _____
Please attach a separate schedule for additional debts.

Information is required by the federal government for certain types of loans relating to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that any lender may not discriminate on the basis of this information or whether you choose to furnish it. However, if you choose not to furnish this information and you have made this application in person, under federal regulations the lender is required to note race or national origin and sex (under (A) and (B) above) on the basis of visual observation or surname. Lender please designate by parenthesis (x) if applicant declines. If you do not want to furnish the information, please initial below.

APPLICANT - RACE/NATIONAL ORIGIN AND SEX
Decline to furnish this information (initial) _____

☐ White ☐ Black ☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander ☐ Hispanic ☐ Other

Sex ☐ Male ☐ Female

CO-APPLICANT - RACE/NATIONAL ORIGIN AND SEX
Decline to furnish this information (initial) _____

☐ White ☐ Black ☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander ☐ Hispanic ☐ Other

Sex ☐ Male ☐ Female

FCRA

FAIR CREDIT REPORTING ACT NOTICE TO CONSUMER

Conseco Finance Corp. and corporations related by common ownership or affiliated by corporate control may share information about you among themselves. Under the federal Fair Credit Reporting Act, you have a right to prevent this sharing of information, except for the sharing of information relating solely to your transaction with us or our experiences with you. You may direct us not to share information about you by sending a written request to Conseco Finance Corp., P.O. Box 64135, St. Paul, MN 55164-0135. The request must contain your name, address, social security number (if issued), and a specific request to be excluded from affiliate information sharing. Your Application will be submitted to Conseco Finance Corp., St. Paul, MN, its affiliates or subsidiaries ("Conseco Finance"), for consideration as to whether you meet its credit requirements and for purchase and assignment. See reverse for additional disclosure information and authorizations, where applicable. You represent that all the information supplied in this credit application is true and correct and is made for the purpose of obtaining credit. You authorize the creditor to investigate your credit record, to verify your credit, employment and income references, to obtain such other information as the creditor deems necessary, and to give credit reporting agencies (credit bureaus) and others information regarding the creditor's credit experience with you. You further agree that the creditor may investigate your credit, employment and income records and verify your credit references at any time that your account is open, or closed with a negative balance. You also agree that in addition to reviewing your account, the creditor may use this information for other purposes, including selecting you for offers of other products that are offered by the creditor directly or by the creditor's affiliates. Upon your request, we will inform you of the name and address of each credit reporting agency from which we obtained a credit report relating to you. The selection of a contractor or dealer, acceptance of materials used, and work performed is your responsibility. Conseco Finance does not guarantee the material or workmanship. This application shall remain the property of Conseco Finance.

60712

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

15-00-015 (11/99)

DATE

