



1. Certification: I, the undersigned, certify the following:

A. I am enrolling in the CCH Funding Credit Enhancement Program in efforts to enhance my personal credit score and improve my overall credit profile. I understand that the CCH Funding Credit Enhancement Program makes no guarantees in achieving a certain score, but will make every effort to deliver the very best results. CCH Funding Credit Enhancement Program mandates that I enroll in a credit monitoring service, such as creditnav.com. I agree to enroll in this service, communicate my login information to CCH, and keep that account active until the credit enhancement process is completed. I give CCH Funding Representatives the authority to access my credit report, make application for secured credit cards and rental line of credit, speak to my creditors, and contact the three national credit bureaus on my behalf. Let it be known to all persons that I have given true, lawful and expressed permission to act on my behalf, in my place and in my stead, for the specific and limited purpose of applying for credit accounts, disputing incorrect credit information, and removing obsolete, paid, and inaccurate accounts.

B. CCH Funding Credit Enhancement Program Representatives will analyze my credit profile via my credit monitoring service before taken me on as a client. If I am accepted into the program, CCH will give me a credit enhancement plan and direct instructions on how to improve my credit profile, and I agree to follow the direct instructions.

C. I have completed the application fields containing personal information. I certify that all of the information is true and correct. I made no misrepresentations in the application, nor did I omit any pertinent information. I understand and agree that the potential lenders who receive the applications reserve the right to request documentation to support these statements. This may include verifying the information provided on the application with the applicant or other means.

D. I understand that I will be held responsible personally for any lines I choose to utilize or authorize any other person to utilize.

2. Authorization to Release Information:

A. As part of the application and verification process, I authorize CCH Funding to provide potential lenders via phone, mail, fax, or internet with the information in this document as part of the underwriting process.

B. I understand that my personal credit will be reviewed by potential lenders as part of the underwriting process and that this may result in some inquiries in my personal credit report.

PERSONAL INFORMATION –

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____ EMAIL: _____

HOME#: _____ CELL#: _____

HOME ADDRESS: _____ YRS AT ADDR: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ SS#: _____ U.S. CITIZEN (yes or no): _____

MOTHERS MAIDEN NAME: _____ DRIVERS LIC. # _____

YOUR ANNUAL INCOME: _____ HOUSEHOLD INCOME: _____

Initials _____

Please sign up for www.Experian.com. You will need to keep the account open for at least 2 months to ensure that you and your CCH Funding Consultant can view inquires and new accounts.

I give CCH Funding permission to access my Experian.com Credit Reports:

___ YES ___ NO

My Credit Report Username is _____ and Password is _____

Initials _____

PLEASE SIGN

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL THE INFORMATION PROVIDED IS TRUE AND CORRECT:

AUTHORIZED SIGNATORY: _____

PRINTED NAME: _____

EFFECTIVE DATE: _____

EXHIBIT A: CREDIT CARD AUTHORIZATION FORM

Campbell Custom Homes Funding Division
Phone (888) 287-4459
FAX TO: (888) 990-3628

Before Returning This Form Make Sure You Have Signed with the Credit Card Holder's Signature on the Line Indicated.

(CCH Funding Credit Enhancement Program Fee - \$750.00)

Credit Card Authorization Form

I, _____, hereby authorize CCH Funding to charge my credit card for the following charges in

The amount of \$ **750.00** _____ Date of charge: _____

Type of Card (Place an "X" by card type): Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: _____ CVV2 (last 3 on back of card): _____

Amount _____

Credit Card Billing Information

Name as it appears on card: _____

Statement Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Client's Signature: _____

