

APPLICATION FOR HOME OWNERSHIP

Email completed application to services@Lender-Bee.com

EACH ADULT APPLYING FOR UNIT MUST COMPLETE A SEPARATE APPLICATION

Application Fee \$75.00, Paid Date_____, How Paid_____, Rec'd by_____, Date Processed_____.

PLEASE PRINT - ALL information must be completed. All blanks must be filled in – failure to do so may prevent your application from being processed. The decision to sell to you will depend in great part on your credit history and references. Only clean, responsible people, who pay rent on time, need apply.

How did you find out about us? Sign ☐ Newspaper ☐ Friend ☐ Internet ☐ Other ☐

YOUR PERSONAL INFORMATION

Full Name: _____ Phone: (____) _____ Work Phone: (____) _____

Social Security Number: _____ - _____ Driver's License # _____ State: _____ Date of Birth: _____

Present Address: _____ eMail Address: _____

City _____ State: _____ Zip: _____

How Long? _____ If renting, Apartment name/location _____ Phone: (____) _____

Landlord/mgr's Name: _____ Alternate Phone: (____) _____

Why are you leaving? _____ Current Payment: \$ _____

Previous Address: _____

City _____ State: _____ Zip: _____

How Long? _____ Apartment name/location _____ Phone: (____) _____

Landlord/mgr's Name: _____ Alternate Phone: (____) _____

Why did you leave? _____ Rent Amount: \$ _____

Employer #1: _____ Position: _____ How Long? _____

Address _____ Phone: (____) _____

Gross Monthly Income before deductions: \$ _____

Employer #2: _____ Position: _____ How Long? _____

Address _____ Phone: (____) _____

Gross Monthly Income before deductions: \$ _____ Other Income: \$ _____ Source: _____

Former Employer: _____ Position: _____ How Long? _____

Address: _____ Phone: (____) _____

Why did you leave? _____

CREDIT INFORMATION: This can include store credit cards, rental stores, car loans, small loans, etc.

Bank _____ Branch _____ Acct #(s) _____ Checking ☐ Savings ☐ Loan ☐

City _____ State _____ Approx. Balance \$ _____ How Long? _____

Other Active Credit Ref: _____ Account # _____ Exp. Date: _____

Type of Account: _____ Credit Limit: \$ _____ How Long? _____ Are all payments current? YES ☐ NO ☐

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Type of Account: _____ Credit Limit: \$ _____ How Long? _____ Are all payments current? YES ☐ NO ☐

How much down payment money do you have to work with? \$ _____ Date of desired occupancy: _____

Source of down payment? Personal Funds ☐ Gift ☐ Relatives ☐ Loan ☐ Other ☐ _____

Have you ever been evicted? YES ☐ NO ☐ Have you ever had repossession? YES ☐ Date _____ NO ☐ (if Yes, explain below)

Have you ever had a foreclosure? YES ☐ Date _____ NO ☐ If Yes, explain: _____

Do you have any unpaid student loans? YES ☐ NO ☐ If Yes, how much is the total? \$ _____ Monthly Payment: \$ _____

Is your paycheck currently being garnished? YES ☐ NO ☐ If Yes, how much? \$ _____ If Yes, explain: _____

Have you ever filed for bankruptcy? YES ☐ Date _____ NO ☐ (if Yes, explain below) If yes, Chapter 7 ☐ or Chapter 13 ☐?

If YES, has the bankruptcy been discharged? YES ☐ NO ☐ If YES, when discharged? _____

Have you ever been convicted of a crime, other than a traffic violation? YES ☐ NO ☐

If you answered YES to any of the above questions, explain: _____

LIST ALL OF YOUR CURRENT MONTHLY OBLIGATIONS BELOW:

Pay To: _____	Total Amount Due: \$ _____	Monthly Payment: \$ _____
Pay To: _____	Total Amount Due: \$ _____	Monthly Payment: \$ _____
Pay To: _____	Total Amount Due: \$ _____	Monthly Payment: \$ _____
Pay To: _____	Total Amount Due: \$ _____	Monthly Payment: \$ _____
Pay To: _____	Total Amount Due: \$ _____	Monthly Payment: \$ _____

PERSONAL REFERENCES – List two persons, other than your relatives, that we may contact to verify your character.

Name _____ Relationship _____ Phone: (____) _____
Address _____ City _____ State _____ Zip _____
Name _____ Relationship _____ Phone: (____) _____
Address _____ City _____ State _____ Zip _____

EMERGENCY – In an emergency you may contact (List two, other than spouse/roommate, nearest relatives first)

Name _____ Relationship _____ Phone: (____) _____
Address _____ City _____ State _____ Zip _____
Name _____ Relationship _____ Phone: (____) _____
Address _____ City _____ State _____ Zip _____

OTHER INFORMATION

OTHER PERSONS (INCLUDING CHILDREN) WHO WILL LIVE IN THE DWELLING UNIT

Name _____ Name _____
Name _____ Name _____

Pets*: Name: _____ Type: _____ Weight: _____ lbs.** Name: _____ Type: _____ Weight: _____ lbs.**

* NOTE: No pets are allowed at any time on the premises without prior Management consent and payment of fees – NO EXCEPTIONS!

** NOTE: Any pet(s) must be added to Resident's Renter's Insurance Policy and such insurance policy MUST be provided to Management.

Do you own: Vacuum Cleaner ☐ Lawn Mower ☐ Water Bed ☐ Musical Instrumen ☐ Does anyone smoke? ☐ Yes ☐ No

List all motor vehicles, including recreational vehicles, to be kept at the property:

MAKE	MODEL	COLOR	YEAR	LICENSE PLATE #	STATE	MONTHLY PAYMENT
						\$ _____
						\$ _____
						\$ _____

A non-refundable application fee of \$75.00 and a reservation/earnest money fee of \$TBD are required for processing this application, and is being paid herewith. All persons 18 years of age and over who will occupy the property before Management can consider this application must sign an Application Receipt Agreement. The undersigned expressly agrees that if this application is approved applicant herewith agrees to lease/option this property. Applicant further agrees that if applicant is accepted by Management and then decides, for any reason, not to move into the premises, then all monies paid herewith shall be retained as liquidated damages since other prospective purchasers may have been turned away and it will be necessary for Management to re-advertise the property and evaluate other applicants. Processing of application shall be as timely as possible and the results may be delivered via telephone, fax or mail. Once approved, applicant agrees to pay the balance of funds and complete the paperwork within 48 hours, otherwise management will assume that applicant has decided to forfeit the reservation fee payment made herewith and will begin re-marketing the property. If applicant is not approved, all monies given herewith, less application fee shown above shall be returned to applicant.

A PHOTOSTATIC COPY OF MY DRIVER'S LICENSE OR PICTURE IDENTIFICATION CARD, SOCIAL SECURITY CARD, MY PAY CHECK STUB(S) FOR THE LAST MONTH AND MY LAST TWO (2) YEAR'S W-2(s) OR COPIES OF MY LAST TWO (2) YEARS INCOME TAX RETURNS ARE ATTACHED TO THE ☐ APPLICATION, ☐ OR WILL BE PROVIDED. I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of this application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on the application.

Applicant's Authorization _____

Date _____