

APPLICATION EACH ADULT (over 18) LIVING IN HOME MUST COMPLETE A SEPARATE APPLICATION
\$20.00 PER APPLICATION (\$30.00 PER COUPLE) MAKE APPLICATION FEE TO: INVESTATE (NO PERSONAL CHECKS OR CASH)

The decision to sell to you depends on your cooperation and references. Only clean, responsible people, who are willing to pay their bills on time, need apply. ALL application information requested must be complete.

Address you are applying for: _____ Date of desired occupancy: _____
How did you find out about us? Sign : Newspaper : Friend : Other _____

Full Name _____ Phone (_____) _____ Cell Phone (_____) _____

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

Present Address _____ City: _____ State: _____ Zip: _____

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

Landlord/mgr's name _____ Alternate Phone: (_____) _____

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

What do you like most: _____ What do you like least: _____

Previous Address _____ City: _____ State: _____ Zip: _____

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

Landlord/mgr's name _____ Alternate Phone: (_____) _____

Why did you leave? _____

What recurring housing problems have you experienced previously: _____

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

Address _____ Phone: (_____) _____

May we contact you at work? _____

Gross Monthly Income before deductions: \$ _____ If paycheck is being garnished list amount \$ _____ Why: _____

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

Address _____ Phone: (_____) _____

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

Former Employer _____ Position: _____ How Long? _____

Address _____ Phone: (_____) _____

Why did you leave? _____

CREDIT INFORMATION: This can include store credit cards, rental appliances, car loans, personal 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? \$ _____

Source of down payment? Personal Funds : Gift : Relatives : Loan : 401k or IRA : Other _____

Have you ever been evicted? YES : NO : Have you ever had a 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: \$ _____

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: _____

Do you have a: Vacuum cleaner ; Lawn mower ; Water bed ; Musical instruments . Does anyone smoke? Yes No

LIST ALL OF YOUR CURRENT MONTHLY OBLIGATIONS BELOW: No utilities or groceries.

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

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If you had financial difficulties in the future and couldn't pay the rent, do you know someone that would loan you the money? If so, provide the persons name, address and phone for a reference for you: _____

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 - List Name, age and relationship of OTHER proposed occupants besides you (including children):

- 1. Name _____ 4. Name _____
- 2. Name _____ 5. Name _____
- 3. Name _____ 6. Name _____

PETS: 1. Name _____ Type _____ Weight _____ lbs. 2. Name _____ Type _____ Weight _____ lbs.

List all motor vehicles, including recreational vehicles, to be kept at the property including those of OTHER proposed occupants:

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

List someone else who may want to buy or sell a home: _____

A non-refundable application fee of \$ _____ and a one months rent payment as reservation/earnest money fee of \$ _____ are required for processing this application, and is being paid herewith. 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. Once approved, applicant agrees to pay the balance of funds and/or complete the appropriate 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. If any signature is faxed or digitally produced it shall have the same legal force and effect as an original ink signature.

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 release of 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.

REQUIRED WITH APPLICATION (application that do not have the following included will not be processed):

- A COPY OF YOUR DRIVER'S LICENSE OR PICTURE IDENTIFICATION CARD
- SOCIAL SECURITY CARD,
- THREE MOST CURRENT PAY CHECK STUB(S) AND BANK STATEMENTS MUST BE ATTACHED TO THIS APPLICATION IN ENVELOPE ADDRESSED: the HomesPro, 6302 ILLINOIS RD. #200 FORT WAYNE, IN 46804.

CALL WHEN YOU HAVE COMPLETED YOUR APPLICATION(S) 260-436-500 x222

Applicant signature

Applicant printed

Thank you

PLEASE REVIEW FOR ACCURACY