

HOME APPLICATION

Tel: 800-574-4218

Return Fax: 832-644-7200

Application for (address): _____

PERSONAL INFORMATION

First Applicant's Last Name (include all names you use): _____

First: _____ Middle: _____

Birth date: _____ Driver's License/ID Number/State: _____

Social Security Number: _____

Any additional name you have used for any purpose: _____

If presently married, how long: _____

Second Applicant or Adult Occupant Last Name: _____

First: _____ Middle: _____

Birth date: _____ Relationship: _____

Social Security Number: _____

How long have you been in this area? _____

Do you know of anything or any reason that may interrupt your ability to pay your monthly rent?

Have you ever been accused or convicted of a felony? Yes/No (Circle One) If yes, please explain:

RESIDENCE HISTORY (at least 5 years – continue on separate sheet if necessary)

Present Street Address: _____

City: _____ State: _____ Zip: _____

Dates lived at this address: _____

Own: _____ Rent: _____ Occupy: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email address: _____

Name of present landlord/owner/mortgage company: _____

Address of present landlord/owner/mortgage company: _____

Landlord's phone: _____

Monthly Rental Amount: _____

Reason for moving: _____

Is your rent/payment current? _____

Security Deposit Amount currently held by landlord: _____

Previous Residence Address: _____

Previous Landlord: _____ Dates lived at address: _____

Previous landlord's phone: _____ Monthly rental amount: _____

Reason for moving: _____

Was your Security Deposit Returned? _____

INCOME HISTORY

Applicant's current employment status:

Full-time _____ Part-time (less than 32 hours) _____ Retired _____
Self-employed _____ Unemployed _____ Other _____

First Applicant's current employment status:

Full-time _____ Part-time (less than 32 hours) _____ Retired _____
Self-employed _____ Unemployed _____ Other _____

Applicant employed by: _____ Supervisor's Name: _____

Average Weekly Hours: _____

How long at this place of employment _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Position: _____ Salary: _____

Please indicate (circle) Weekly, Bi-weekly, Monthly, or Annual Average **Take Home pay**: _____

Second Applicant's current employment status:

Full-time _____ Part-time (less than 32 hours) _____ Retired _____
Self-employed _____ Unemployed _____ Other _____

Applicant employed by: _____ Supervisor's Name: _____

Average Weekly Hours: _____

How long at this place of employment _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Position: _____ Salary: _____

Please indicate (circle) Weekly, Bi-weekly, Monthly, or Annual Average **Take Home pay**: _____

ADDITIONAL INCOME:

Please list any additional income source(s) (i.e., self-employment, social security, benefit payments, etc.). Child support, alimony, or separate maintenance need NOT be disclosed unless you desire this additional income to be considered for qualification.

Additional Source: _____ Amount: \$ _____ Per _____

Contact person: _____ Phone: _____

How long have you been receiving income from this source? _____

How long do you expect this income to continue? _____

Is there any reason it would stop? _____

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Contact person: _____ Phone: _____

How long have you been receiving income from this source? _____

How long do you expect this income to continue? _____

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ASSETS / CREDITS / LOANS

VEHICLE LOANS

Vehicle 1

Financed/Lease through _____ Account Number: _____

Contact and Phone number: _____ Monthly Payment: _____

Vehicle 2

Financed/Lease through _____ Account Number: _____

Contact and Phone number: _____ Monthly Payment: _____

CREDIT CARDS, LOANS, & BANKS

(Including bank cards, department store, gas cards, student loans)

Creditor: _____

Address: _____ Phone: _____

Account #: _____ Amount owed: _____

Monthly payment: _____

Creditor: _____

Address: _____ Phone: _____

Account #: _____ Amount owed: _____

Monthly payment: _____

Creditor: _____

Address: _____ Phone: _____

Account #: _____ Amount owed: _____

Monthly payment: _____

Creditor: _____

Address: _____ Phone: _____

Account #: _____ Amount owed: _____

Monthly payment: _____

EXPENSES

Check or list any other current monthly expenses and the approximate amounts paid per month:

Hospital payment: _____ Health Insurance: _____ Auto Insurance: _____

Child Care: _____ Tuition: _____ Cable TV _____ Other _____

Other: _____

REFERENCES

Name of Nearest Living Relative:

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ How long? _____

Phone: _____

Do you give Seller or manager permission to contact references listed and to verify credit history? _____

Applicant's signature: _____ Date: _____

Please fax the completed application to 832-644-7200. No cover sheet is necessary.

Or mail it to **Texas-Home-Ownership, PO Box 6165, Kingwood, TX. 77345-6165.**

Thank you for your application to purchase our house. If your application is accepted, we look forward to providing you a home.

www.Texas-Home-Ownership.com