

APPLICATION FOR LEASE OPTION

PLEASE PRINT - ALL information must be completed. The decision to sell to you will depend in great part on your credit history and references. Only clean, responsible people, who are willing to pay their bills on time, need apply.

Address you are applying for: _____

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

PERSONAL INFORMATION

Primary Applicant:

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

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

Spouse – Secondary Applicant:

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

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

RESIDENTIAL HISTORY

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: \$ _____

Previous Address: _____

City _____ State: _____ Zip: _____

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

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

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

EMPLOYMENT HISTORY

Primary Applicant:

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: _____

PLEASE CONTINUE ON NEXT PAGE

Spouse – Secondary Applicant:

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: _____

Any Other Sources of Income: _____ \$ _____ | _____ \$ _____

Any Other Sources of Income: _____ \$ _____ | _____ \$ _____

CREDIT INFORMATION: (Others 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? \$ _____

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? _____

PLEASE CONTINUE ON NEXT PAGE

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 : \$ _____ /MO.

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

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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 PROPERTY

Name: _____ Name: _____

Name: _____ Name: _____

PETS: Yes NO Number: ____ (2max)|Name _____ Type _____ Weight: ____ lbs. ||Name _____ Type _____ Weight: ____ lbs.

Do you have: Vacuum cleaner : Lawnmower : Waterbed : Musical instruments : 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
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____

PLEASE CONTINUE ON NEXT PAGE

APPLICATION FOR LEASE OPTION ACKNOWLEDGEMENT / RECEIPT

APPLICANT COPY

A non-refundable application fee payable to Hometown Investments L.L.C. of \$75.00 and a reservation/earnest money fee of \$_____ have been paid to Management for processing the application. All adults 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.

COPIES OF DRIVER'S LICENSE / PICTURE IDENTIFICATION CARD, SOCIAL SECURITY CARD, 3 MONTHS PAY CHECK STUB(S), AND 3 MONTHS CHECKING/SAVINGS ACCT. INFORMATION 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. I hereby agree to the terms stated herein. Acceptance of application and any monies herewith are not binding upon Management until Management approves application.

APPLICANT INFORMATION

Full Name: _____	Full Name: _____
Present Address: _____	Present Address: _____
SSN: _____ - _____ - _____ City: _____ State: _____ Zip: _____	SSN: _____ - _____ - _____ City: _____ State: _____ Zip: _____
_____ Applicant Signature	_____ Applicant Signature
_____ Date	_____ Date

For any returned checks an insufficient funds/return fee of \$25.00 will be assessed. Unapproved transactions will be assessed a \$2 processing/transaction fee. Credit Card payment transactions will appear as Interwebnet, LLC Lansing MI

FOR YOUR PROTECTION, FUNDS ARE ACCEPTED ONLY VIA DELIVERY BY OVERNIGHT EXPRESS (UPS, FED-EX, DHL, etc.). PLEASE PHONE, FAX, OR EMAIL US THE DELIVERY COMPANY NAME AND TRACKING NUMBER TO MAINTAIN CORRESPONDENCE AND LEASE AVAILABILITY. PRE-PAYMENTS MAY BE MADE VIA PHONE TO EXPEDITE PROCESSING; HOWEVER APPLICATIONS CAN NOT BE PROCESSED UNTIL RECEIVED.

METHOD OF PAYMENT: CASH _____ CASHIERS CHECK # _____ MONEY ORDER # _____

CHECK

_____ NAME AS APPEARS ON CHECK	_____ CHECK NUMBER
_____ ADDRESS AS APPEARS ON CHECK	_____ BANK NAME, ADDRESS, CITY, STATE, PHONE
AMOUNT: \$ _____	ROUTING#: _____
ACCOUNT#: _____	

THE ABOVE AMOUNT IS AUTHORIZED TO BE PAID _____
SIGNATURE

CREDIT CARD MASTERCARD VISA AMERICAN EXPRESS

CARD NUMBER: _____ EXPIRATION DATE: _____

CSC CODE: _____ NAME AS APPEARS ON CARD _____

CC STATEMENT BILLING ADDRESS: _____

OFFICE USE ONLY

Receipt of \$ _____ from applicant is herewith acknowledged.

_____/_____, as Agent for Hometown Investments and/or assigns Date: ___/___/___

Printed Name Signature