



HOME ACCEPTANCE APPLICATION

Lease Option

Address of Home Applying For: _____

PLEASE PRINT CLEARLY!

PERSONAL INFORMATION

Name	Social Security#	Drivers License#
Your Phone#	Date of Birth/Birth Place	Mother's Maiden Name
Present Address	City/State/Zip	How Long?
Landlord/Agent	Phone#	Why Moving?
Previous Address	City/State/Zip	How Long?
Year/Make/Model of Vehicle	License Plate#	
Desired Length of Occupancy	Desired Date of Occupancy	

EMPLOYMENT INFORMATION

Employer's Name	Phone#	Name of Superior
Address	City/State/Zip	Position Held
Monthly Income	Source of Income: <input type="checkbox"/> Wages <input type="checkbox"/> Government Assistance <input type="checkbox"/> Salary <input type="checkbox"/> Commission <input type="checkbox"/> Other <input type="checkbox"/> Tips	
Start/End Dates		

Previous Employer's Name	Phone#	Name of Superior
Address	City/State/Zip	Position Held
Monthly Income	Source of Income: <input type="checkbox"/> Wages <input type="checkbox"/> Government Assistance <input type="checkbox"/> Salary <input type="checkbox"/> Commission <input type="checkbox"/> Other <input type="checkbox"/> Tips	
Start/End Dates		

[Type here]

PERSONAL INFORMATION (CO-APPLICANT)

Name
Your Phone#
Present Address
Landlord/Agent
Previous Address
Year/Make/Model of Vehicle
Desired Length of Occupancy

Social Security#
Date of Birth/Birth Place
City/State/Zip
Phone#
City/State/Zip
License Plate#
Desired Date of Occupancy

Drivers License#
Mother's Maiden Name
How Long?
Why Moving?
How Long?

EMPLOYMENT INFORMATION (CO-APPLICANT)

Employer's Name
Address
Monthly Income
Start/End Dates

Phone#
City/State/Zip
Source of Income: <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Other

Name of Superior
Position Held
<input type="checkbox"/> Government Assistance <input type="checkbox"/> Commission <input type="checkbox"/> Tips

Previous Employer's Name
Address
Monthly Income
Start/End Dates

Phone#
City/State/Zip
Source of Income: <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Other

Name of Superior
Position Held
<input type="checkbox"/> Government Assistance <input type="checkbox"/> Commission <input type="checkbox"/> Tips

[Type here]

PLEASE TELL US HOW MUCH YOU HAVE AS A DOWNPAYMENT:

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PERSONAL REFERENCES:

Name
Name

Address
Address

Phone #
Phone #

NEAREST RELATIVES:

Name
Name

Address
Address

Phone#
Phone #

If Accepted, The Following Persons Will Be Living With Me:		
Name	Age	Relation to Leasee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby give consent for you to make such checks on my credit history and background as you deem necessary.

Applicant
Co-Applicant

Date
Date