| | | Fill Out III tills Column |
|----|--|---------------------------|
| 1 | Date | |
| 2 | First Middle Last Name | |
| 3 | Jr, Sr, I, II etc. | |
| 4 | Date of Birth | |
| 5 | Social Security Number | |
| 6 | Home Address | |
| 7 | City, State, Zip | |
| 8 | Years at Current Address | |
| 9 | Date Moved In | |
| 10 | List the amount you are CURRENTLY paying in rent. | |
| 11 | | • |
| 12 | Cell Phone | |
| 13 | Home Phone | |
| 14 | Work Phone | |
| 15 | E-Mail Address | |
| 16 | | • |
| 17 | Total Monthly Bills, such as Credit card, Car payment Student Loan | |
| 18 | List NAME OF CREDITORS Individually | Monthly Payment Amount |
| 19 | - | \$ |
| 20 | | \$ |
| 21 | | \$ |
| 22 | | \$ |
| 23 | | \$ |
| 24 | Child Support PAID each month | |
| 25 | Do you owe Back Child Support? If yes, what amount? | |
| 26 | Child Support RECEIVED each month | |
| 27 | | |
| 28 | Have you declared bankruptcy in the last 2 years? | |
| 29 | If yes, chapter 7 or 13? | |
| 30 | For chapter 7, what is discharge date? | |
| 31 | | |
| 32 | Has any lender or realtor run your credit report in the last 3 months? | |
| 33 | If yes, whom & Phone Number | |
| 34 | | |
| 35 | Have you ever defaulted on a student loan? | |
| 36 | | |
| 37 | Do you have any collections or judgments? If yes, list UNPAID amount | |
| 38 | Do you have any collections or judgments? If yes, list UNPAID amount | |
| 39 | Do you have any collections or judgments? If yes, list UNPAID amount | |
| 40 | Do you have any collections or judgments? If yes, list UNPAID amount | |
| 41 | Do you have any collections or judgments? If yes, list LINPAID amount | |

Lease Purchase Application / Submit ONE Application Per Person

| 42 | Do you have any collections or judgments? If yes, list UNPAID amount | | |
|----|--|--|--|
| 43 | Do you have any collections or judgments? If yes, list UNPAID amount | | |
| 44 | Total Amount | | |
| 45 | | | |
| 46 | Do you have any tax liens? If yes list unpaid amount | | |
| 47 | | | |
| 48 | Do you currently have a credit card? | | |
| 49 | Do you currently have a checking account? | | |
| 50 | Do you currently have a savings account? | | |
| 51 | Do you have a 401K? | | |
| 52 | Do you belong to a credit union? | | |
| 53 | | | |
| 54 | Are you currently working with, or being represented by a real estate agent? | | |
| 55 | If yes, whom? | | |
| 56 | Phone Number or e-mail address | | |
| 57 | | | |
| 58 | Have you been speaking with anyone from our company already? | | |
| 59 | If yes, Whom? | | |
| 60 | | | |
| 61 | Desired monthly house payment? | | |
| 62 | How soon are you wanting to move? | | |
| 63 | | | |
| 64 | Living History (Need 2 full Years) | | |
| 65 | Have you ever had a home go into foreclosure? | | |
| 66 | If yes, when? | | |
| 67 | | | |
| 68 | Have you owned a home in the last 3 years? | | |
| 69 | | | |
| 70 | Current Landlords Name? | | |
| 71 | Apartment Complex Name, if applicable | | |
| 72 | Phone Number: | | |
| 73 | Fax Number: | | |
| 74 | E-Mail Address: | | |
| 75 | Street Address: | | |
| 76 | City, State & Zip | | |
| 77 | | | |
| 78 | Previous Home Address / (Go back 2 years) | | |
| 79 | City, State, Zip | | |
| 80 | # of Years at current Address | | |
| 81 | Date Moved In | | |
| 82 | Date Moved Out | | |

| 83 | | |
|-----|---|--|
| 84 | Previous Landlords Name? | |
| 85 | Apartment Complex Name, if applicable | |
| 86 | Phone Number: | |
| 87 | Fax Number: | |
| 88 | E-Mail Address: | |
| 89 | Street Address: | |
| 90 | City, State & Zip | |
| 91 | | |
| 92 | Previous Home Address | |
| 93 | City, State, Zip | |
| 94 | # of Years at current Address | |
| 95 | Date Moved In | |
| 96 | Date Moved Out | |
| 97 | | |
| 98 | Previous Landlords Name? | |
| 99 | Apartment Complex Name, if applicable | |
| 100 | Phone Number: | |
| 101 | Fax Number: | |
| 102 | E-Mail Address: | |
| 103 | Street Address: | |
| 104 | City, State & Zip | |
| 105 | | |
| 106 | Employment (Need 2 FULL years) | |
| 107 | Name of Current Employer | |
| 108 | Address of Current Employer | |
| 109 | City, State, Zip | |
| 110 | Office Phone | |
| 111 | Fax Number | |
| 112 | Company Email (Supervisor, Manager or Payroll Dept.) | |
| 113 | Start Date at Company | |
| 114 | If less than 2 years see below | |
| 115 | Do you receive a 1099 or a W-2 form at the end of the year? | |
| 116 | Any Payroll Deductions? If yes, how much? | |
| 117 | | |
| 118 | Name of Former Employer (Go back 2 years) | |
| 119 | Address of Former Employer | |
| 120 | City, State, Zip | |
| 121 | Office Phone | |
| 122 | Fax Number | |
| 123 | Company Email (Supervisor, Manager or Payroll Dept.) | |

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| 124 | Start Date at Company | |
|------------|---|-----|
| 125 | End Date at Company | |
| 126 | Did you receive a 1099 or a W-2 form at the end of the year? | |
| 127 | | |
| 128 | Name of Former Employer | |
| 129 | Address of Former Employer | |
| 130 | City, State, Zip | |
| 131 | Office Phone | |
| 132 | Fax Number | |
| 133 | Company Email (Supervisor, Manager or Payroll Dept.) | |
| 134 | Start Date at Company | |
| 135 | End Date at Company | |
| 136 | Did you receive a 1099 or a W-2 form at the end of the year? | |
| 137 | | |
| 138 | Gross Monthly Income (Before Taxes) Job 1 | |
| 139 | Gross Monthly Income (Before Taxes) Job 2 | |
| 140 | | |
| 141 | Are you currently self employed? | |
| 142 | If self employed what was your adjusted gross income on last years tax retu | rn? |
| 143 | Copies of your last 2 years returns will be needed. | |
| 144 | | |
| 145 | Have all your tax returns that are due, been filed? | |
| 146 147 | | |
| 147 | | |
| 149 | | |
| 150 | Buyer Signature Date | |