



Home Manager Application

Date: ___/___/___

Name: _____

Current Address: _____ City: _____ State: _____

Zip: _____ Work Phone#: _____ Home # _____

Cell Phone# _____ E-mail _____

Spouse/Roommate Information

Name: _____

Current Address: _____ City: _____ State: _____

Zip: _____ Work Phone#: _____ Cell Phone # _____

E-mail _____

Supplemental Information

Where would you prefer to live? _____

School District: _____

When do you need to move? _____

Number of Adults who will occupy the home? _____

Name & ages of children who will live in the home: _____

Do you or your spouse/roommate smoke: Y / N ____

Do you have pets? If so, what kind of pets and how many? _____

Do you or your spouse/roommate operate a business that requires meetings in your home?

Y / N ____

Have you or your spouse/roommate ever been convicted or forced to vacate any residence for any reason? Y / N ____

If yes, explain:

Have you, your spouse, or roommate ever lost your residence through foreclosure proceedings?

Y / N ____

If yes, explain:

Are you, your spouse, or roommate presently involved in a lawsuit? Y / N ____

If yes, explain:

Have you, your spouse, or roommate ever filed for bankruptcy? Y / N ____

If yes, explain:

List all automobiles that will be garaged at the home (year & make):

Furnishings

Do you own any of the following:

Washer/Dryer: Y / N _____ Refrigerator: Y / N _____

Lawn Equipment: Y / N _____

Patio furniture: Y / N _____

Please indicate the style of furniture and rooms you can decorate

Style of Furniture: _____

Master Bedroom Style: Y / N _____ Formal Dining Room: Y / N _____

Breakfast area: Y / N _____ Formal Living Room Style: Y / N _____

Family Room: Y / N _____

Kitchen: _____

Exercise Room: _____

Study: _____

Sun Room: _____

Other: _____

Condition of Furniture

How old are your furnishings? _____

What condition is your furniture in? _____

Would you be willing to purchase or rent additional furniture? Y / N _____

Credit Information

Last Name: _____ First Name: _____ M/I: _____

Social Security #: _____ -- _____ -- _____ Date of Birth: ____ - ____ - _____

Drivers License #: _____ State: _____ Expires: __/__/____

How long at current address? _____

Current Landlord: _____

Landlord Phone Number#: _____

Previous Address: _____

City: _____ State: _____

Employer (company name): _____

Your position: _____ Length of Employment: _____

Supervisor's Name: _____ Gross Monthly Income: \$ _____

Spouse/Roommate Credit Information

Last Name: _____ First Name: _____ M/I: _____

Social Security #: _____ -- _____ -- _____ Date of Birth: ____ - ____ - _____

Drivers License #: _____ State: _____ Expires: __/__/____

How long at current address? _____

Current Landlord: _____ Landlord Phone

Number#: _____ Previous

Address: _____

City: _____ State: _____

Employer (company name): _____

Your position: _____ Length of Employment: _____

Supervisor's Name: _____ Gross Monthly Income: \$ _____

Personal References

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Bank References

Bank Name: _____ City: _____ State: _____

Contact Name: _____ Phone Number #: _____

How long? _____

Business/Credit References

1.) _____ Account# / Contact: _____

2.) _____ Account# / Contact: _____

3.) _____ Account# / Contact: _____

In case of an accident or emergency, whom would we notify?

Name: _____ Phone #: _____

Address: _____ City: _____

State: _____ Relationship: _____

Name: _____ Phone #: _____

Address: _____ City: _____

State: _____ Relationship: _____

How did you hear about the ShowhomesOK program? _____

Do you plan on buying a home in the near future? Y / N _____

Are you building a new home: Y / N _____

I (we), the undersigned applicant(s), do hereby attest that the information provided in this application is true and accurate to the best of my (our) knowledge and if approved as a subcontractor for the ShowhomesOK program this form, the photographs and a contract will be maintained by this ShowhomesOK office as a complete file record.

All information in this application is personal and confidential and will not be disclosed. By signing the application you consent to a consumer credit/background report.

Applicant Signature

Date

Spouse/Roommate Signature

Date