



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: _____ 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 _____

Pool/ Spa 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: _____

How long at previous address? _____ Previous Landlord: _____ Landlord Phone Number #: _____

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: _____

How long at previous address? _____ Previous Landlord: _____ Landlord Phone Number #: _____

Employer (company name): _____ your position: _____

Length of Employment: _____ Supervisor's Name: _____ Gross Monthly Income: _____

Personal References

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

Spouse/Roommate Signature

Date

Date

You may fax application to: 405 285-8018