

# Homeowner Solutions, LLC

Robert Kim, Manager

P.O. Box 85352, Lexington, SC 29073

## APPLICATION FOR SELLER FINANCING

Fax to: (877) 245-3646 then call (803) 602-4953 when you have faxed it.

Or you can email a copy to: rkim@HouseBuyingCompany.com

**EACH ADULT (18+ YEARS OF AGE) MUST COMPLETE A SEPARATE APPLICATION**

**PLEASE PRINT - ALL information must be completed. All blanks must be filled in. The decision to allow you occupancy of the premises will depend in great part on your credit history and references. Only clean, responsible people who make payments on time, need apply.**

How did you find out about us? Sign ☐: Newspaper ☐: Friend ☐: Internet ☐: Other ☐ \_\_\_\_\_

Address You Are Applying For: \_\_\_\_\_

### **YOUR PERSONAL INFORMATION**

Full Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Current Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long? \_\_\_\_\_ If renting, Apartment name/location \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Landlord/mgr's name \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Why are you leaving? \_\_\_\_\_

\_\_\_\_\_ Current Rent: \$ \_\_\_\_\_

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long? \_\_\_\_\_ If renting, Apartment name/location \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Landlord/mgr's name \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Present Employer \_\_\_\_\_ Position: \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Gross Monthly Income before deductions: \$ \_\_\_\_\_ Other Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Former Employer \_\_\_\_\_ Position: \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Why did you leave? \_\_\_\_\_

## **CREDIT REFERENCES**

These can include store credit cards, rental stores, cell phone account, car loans, small loans, etc.

Bank \_\_\_\_\_ Acct # (s) \_\_\_\_\_ Branch \_\_\_\_\_ 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 ☐ :

Other Active Credit Ref: \_\_\_\_\_ Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Credit Limit: \$ \_\_\_\_\_ How Long? \_\_\_\_\_ Are all payments current? YES ☐ : NO ☐ :

Other Active Credit Ref: \_\_\_\_\_ Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Credit Limit: \$ \_\_\_\_\_ How Long? \_\_\_\_\_ Are all payments current? YES ☐ : NO ☐ :

Other Active Credit Ref: \_\_\_\_\_ Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Credit Limit: \$ \_\_\_\_\_ How Long? \_\_\_\_\_ Are all payments current? YES ☐ : NO ☐ :

Have you ever been evicted? YES ☐ : NO ☐ : Have you ever had a foreclosure/repossession? YES ☐ , Date \_\_\_\_\_ : NO ☐ :  
If yes, explain: \_\_\_\_\_

Have you ever filed for bankruptcy? YES ☐ , Date \_\_\_\_\_ : NO ☐ : If yes, Chapter 7 ☐ or Chapter 13 ☐ ?  
Explain: \_\_\_\_\_

Have you ever been convicted of a crime, other than a traffic violation? YES ☐ : NO ☐ :  
If yes, explain: \_\_\_\_\_

## **PERSONAL REFERENCES**

List three persons, *OTHER THAN YOUR RELATIVES*, we may contact to verify your character.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **EMERGENCY**

In an emergency people we 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 DWELLING UNIT**

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**Pets:** Name: \_\_\_\_\_ Type: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.\* Name: \_\_\_\_\_ Type: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.\*

**\* NOTE: No pets are allowed at any time on the premises without prior Management consent and payment of fees – NO EXCEPTIONS!**

Date of desired occupancy: \_\_\_\_\_

Anticipated length of stay: \_\_\_\_\_

Do you own: Vacuum cleaner ☐: Lawn mower ☐: Water bed ☐: 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
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____

A non-refundable application fee of \$ \_\_\_\_\_ and a reservation fee of \$ \_\_\_\_\_ are required for processing this application, and is being paid herewith. The undersigned expressly agrees that if this application is approved applicant herewith agrees to rent this property until applicant can obtain his/her own financing to purchase this property at the agreed-upon purchase price, terms, and conditions. 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 tenants may have been turned away and it may 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/earnest money 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. Applicant understands and agrees that rent begins as of the day after application approval.

A PHOTOSTATIC COPY OF MY DRIVER'S LICENSE OR PICTURE IDENTIFICATION CARD, SOCIAL SECURITY CARD, LATEST PAY CHECK STUB(S) AND LAST YEAR'S W-2(s) OR COPY OF LAST YEARS INCOME TAX RETURN 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 this application.

\_\_\_\_\_  
Applicant's Authorization

\_\_\_\_\_  
Date