

Star Home USA Family of Companies

PO Box 97 - Perryville, KY 40468 Phone: 859.332.2000 Fax: 859.332.4433

WHEN BANKS SAY NO, STAR SAYS YES!

EASY, NO BANK QUALIFY!

APPLICANT #1

Today's Date: _____

Applicant Name: _____

Home Phone #: _____

Date of Birth: _____

Cell Phone #: _____

Current Address (City,State,Zip): _____

Length of time at Address: _____ Drivers License #: _____

Married: _____ Single: _____ Current rent paid: _____

What kind of reference will your current/previous landlord give you? _____

Current or previous landlord: _____ LL Phone #: _____

Have you been convicted of a crime (misdemeanor or felony)? Yes No

APPLICANT #2

Applicant Name: _____ Drivers License #: _____

Date of Birth: _____ Cell Phone #: _____

Current Address (City,State,Zip): _____

Length of time at Address: _____ Phone #: _____

Married: _____ Single: _____ Current rent paid: _____

What kind of reference will your current/previous landlord give you? _____

Current or previous landlord: _____ LL Phone #: _____

Name(s) and age(s) of additional persons who will occupy the house: _____

Are you current pet owners? _____ Breed: _____ Weight: _____

Please list what type of animal and their weight _____

Pet deposit and monthly fee may apply. Max no. of pets is 2 w/max weight limit of 25 pounds each. Breed restrictions apply.

Any previous foreclosures, evictions, or bankruptcy? If yes, please list date(s) of occurrence: _____

Foreclosure, eviction or bankruptcy does not mean disqualification through this program.

Have you been convicted of a crime (misdemeanor or felony)? Yes No

ALL APPLICANTS:

By signing this application, you consent to permit Star Home Management and its related companies to perform a criminal background check utilizing your name, social security number and/or date of birth. By signing this application, you further acknowledge and accept our policy to deny applications based on the findings from such background check.

EMPLOYMENT HISTORY

APPLICANT #1

Name of Employer: _____ Phone #: _____

Address of Employer(City,State): _____ Contact Person: _____

Length of Employment: _____ Occupation: _____

Salary (please circle one): _____ Weekly / Monthly / Bi-Weekly / Avg hours per week: _____

List any additional income: _____ Source: _____

Do you pay child support?: Yes No If yes, how much per month: _____

APPLICANT #2

Name of Employer: _____ Phone #: _____

Address of Employer(City,State): _____ Contact Person: _____

Length of Employment: _____ Occupation: _____

Salary (please circle one): _____ Weekly / Monthly / Bi-Weekly / Avg hours per week: _____

List any additional income: _____ Source: _____

Do you pay child support?: Yes No If yes, how much per month: _____

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In case of emergency, call: _____ Phone # _____ Relationship _____

Address: _____

Any additional information you feel that should be disclosed? _____

By submitting this application, I authorize Star Home Management, Inc. or their agents or various entities to verify the information I am providing and to access my credit for the sole purpose of qualifying me for their purchase and/or rental program. This information is confidential and will not be used for any other purpose. Falsification/misrepresentation of any information provided by applicant(s) on this application will be cause for immediate denial of application.

Applicant #1 Signature: _____

Applicant #2 Signature: _____

Email Address: _____

I am interested in the property located at: _____

OFFICE USE ONLY

Customer ID number #1: _____

Customer ID number #2: _____

SOR/CBC: _____

Processor: _____

MAIL FORM OR FAX TO: 859.332.4433

Tell A Friend!

To see our list of properties, go to StarHomeUSA.com

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