

Star Home USA Family of Companies

PO Box 97 - Perryville, KY 40468 Phone: 859.332.2000 Fax: 859.712.0404

APPLICATION FORM

MUST BE FILLED OUT COMPLETELY OR FORM WILL BE RETURNED

APPLICANT #1

Applicant Name: _____	Today's Date: _____
Date of Birth _____	Home Phone #: _____
Current Address _____	Cell Phone #: _____
City _____	State _____
Zip _____	
Length of time at Address: _____	Drivers License #: _____
Married: _____ Single: _____	Current rent paid: \$ _____
What kind of reference will your current landlord give you?	
Current Landlord Name: _____	Current LL Phone #: _____
If length of address is less than 6 months, list prior address and prior landlord info below:	
Previous Address: _____	City _____
State _____	Zip _____
What kind of reference will your previous landlord give you?	
Previous Landlord Name: _____	Prev. LL Phone #: _____
Length of time at previous address: _____	
Any previous foreclosures, evictions, or bankruptcy? If yes, please list date(s) of occurrence:	
<i>Foreclosure or bankruptcy does not mean disqualification through this program.</i>	
Have you been convicted of a crime (misdemeanor or felony)? Yes No	

APPLICANT #2

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 landlord give you?	
Current Landlord Name: _____	Current LL Phone #: _____
If length of address is less than 6 months, list prior address and prior landlord info below:	
Previous Address: _____	City _____
State _____	Zip _____
What kind of reference will your previous landlord give you?	
Previous Landlord Name: _____	Prev. LL Phone #: _____
Length of time at previous address: _____	
Any previous foreclosures, evictions, or bankruptcy? If yes, please list date(s) of occurrence:	
<i>Foreclosure or bankruptcy does not mean disqualification through this program.</i>	
Have you been convicted of a crime (misdemeanor or felony)? Yes No	

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.

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.

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EMPLOYMENT HISTORY

APPLICANT #1

Name of Employer: _____ Work Phone #: _____
Address of Employer _____ City _____ State _____ Zip _____
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: \$ _____

If length of employment is less than 6 months, list prior employer:

Name of Previous Employer: _____ Work Phone #: _____
Address of Prev Employer _____ City _____ State _____ Zip _____
Length of Employment: _____ Prev Occupation: _____
Salary (please circle one): \$ _____ Weekly /Monthly /Bi-Weekly Avg. hours per week: _____

APPLICANT #2

Name of Employer: _____ Work Phone #: _____
Address of Employer _____ City _____ State _____ Zip _____
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: \$ _____

If length of employment is less than 6 months, list prior employer:

Name of Previous Employer: _____ Work Phone #: _____
Address of Prev Employer _____ City _____ State _____ Zip _____
Length of Employment: _____ Prev Occupation: _____
Salary \$ _____ (please circle one): Weekly /Monthly /Bi-Weekly Avg. hours per week: _____

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

Fee(s) received: \$ _____ Processor: _____

MAIL FORM OR FAX TO: 859.712.0404

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

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