

US Home Assist

1970 E. Osceola Pkwy. Suite 372, Kissimmee, Fl 34743

Voice: 321-244-1309

Fax: 866-318-9294

EACH APPLICANT MUST COMPLETE A SEPARATE APPLICATION

PLEASE PRINT - ALL information must be completed.

Address you are applying for: _____

Date of desired occupancy: _____

How much of a down payment can you raise? _____

What monthly budget are you trying to work within for your house payment? _____

Is your credit, good, fair, or ugly? _____

YOUR PERSONAL INFORMATION

Full Name _____ E-Mail address: _____

Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Social Security Number _____ - _____ - _____ Date of Birth _____

Driver's License # _____ State: _____

Present Address _____

City _____ State: _____ Zip: _____

How Long? _____ If renting, Apartment name/location _____ Current Payment: \$ _____

Landlord/mgr's name _____ Phone: (_____) _____

Employer #1: _____ Position: _____ How Long? _____

Address _____ Phone: (_____) _____

Gross Monthly Income before deductions: \$ _____

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 the application.

Applicant

Date