

URES Rent to Own Application

PLEASE LIST THE HOME(S) OR AREAS YOU ARE INTERESTED IN BELOW:

Applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:		Fax:
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
Co-applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Co-applicant Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:		Fax:
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
References			
Name:	Address:		Phone:
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.			
Signature of applicant:			Date:
Signature of co-applicant:			Date:

FAX TO: 877-945-4266 OR EMAIL TO: INDIANAHOMEOWNERSHIP@YAHOO.COM