

OAK HELM PARTNERS

2920 Harrison Street • Davenport, IA 52803

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www.oakhelm.com

NON-REFUNDABLE APPLICATION FEE: \$35.00

APPLICANT

ADDRESS OF PROPERTY INTERESTED IN: _____

Full Name: _____ Home Phone Number: (____) _____

Cell Phone Number: (____) _____ E-mail: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Dependents: 1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

4. _____ Age: _____

Other Occupants: _____ Pets (Number and kind): _____

CO-APPLICANT

Full Name: _____ Home Phone Number: (____) _____

Cell Phone Number: (____) _____ E-mail: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Will Co-Applicant live at the property with Applicant? YES NO

If NO, complete Co-Applicant information on a separate application and attach

RESIDENCE HISTORY

Month/Year Moved In: _____ Reason For Leaving: _____

Rent/Mortgage Payment: _____

Owner/Agent: _____ Phone: (____) _____

Previous Address (if within 2 years): _____

Month/Year Moved In: _____ Reason For Leaving: _____

Rent/Mortgage Payment: _____

Owner/Agent: _____ Phone: (____) _____

EMPLOYMENT HISTORY – Applicant & Co-Applicant

Applicant Status: Employed Full Time Employed Part Time Student Unemployed
Co-Applicant Status: Employed Full Time Employed Part Time Student Unemployed

Current Employer – **Applicant**: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____

Start Date: _____ Position: _____ Take Home Pay per Month: \$ _____

Current Employer – **Co-Applicant**: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____

Start Date: _____ Position: _____ Take Home Pay per Month: \$ _____

Other Income: _____ Source: _____ Amount: \$: _____

REFERENCES (please list local individuals – can be family members not living with you)

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

MONTHLY EXPENSES (Include Credit Cards, Auto Payment, Loan Payment, Child Care Expense, etc.)

Expense/Payment: _____ Monthly Amount: \$ _____ Balance Owed: _____

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Expense/Payment: _____ Monthly Amount: \$ _____ Balance Owed: _____

Expense/Payment: _____ Monthly Amount: \$ _____ Balance Owed: _____

FINANCIAL INFORMATION

Name of Financial/Banking Institution: _____

Do you have a:

Checking Account? YES NO Savings Account? YES NO

HAVE YOU EVER...

Been a party in a foreclosure? NO YES If Yes, Month/Year _____

Filed for bankruptcy? NO YES If Yes, Month/Year _____

Been evicted from tenancy? NO YES If Yes, Month/Year _____

Willfully or intentionally refused to pay rent when due? ? NO YES

Do you owe balances to MidAmerican Energy or Iowa American Water Co.? NO YES

How did you find out about the property you are interested in?

Newspaper

Oak Helm Partners Sign

QCFBSBO

Oak Helm Partners Flyer

Other _____

**OAK HELM PARTNERS REQUIRES THAT YOU PROVIDE
AND/OR ATTACH THE LAST TWO (2) PAY STUBS FROM YOUR
EMPLOYER OR INCOME STATEMENT.**

This application is for the purpose of assisting in determining your ability to purchase and maintain a property that is or will be owned by Oak Helm Partners, or its affiliates. It is not to be construed for the purpose of obtaining a loan or credit in any form.

I/We certify the above information is true and correct to the best of my/our knowledge. I/We understand this application will be checked for accuracy. I/We authorize verification of references given, and understand a credit check will be executed. I/We understand, and authorize Oak Helm Partners and any of its affiliates to offer this application to any lending institution for the purpose of assignment of the contract or mortgage of the real estate.

I/We have made this application for the purchase of real estate. You are hereby authorized to furnish all information requested by the Seller/Lender relative to my/our credit, employment and financial status, including payoff information. A photocopy of my/our signature(s) will still qualify as authorization.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

Oak Helm Partners holds the key to your dreams!