

OAK HELM PARTNERS

2920 Harrison Street Davenport, IA 52803

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www.oakhelm.com

NON-REFUNDABLE APPLICATION FEE: \$50.00 (Cash or Money Order)

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

Current Employer - Applicant: _____ Phone () _____

Address: _____ City: _____ State: _____

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

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

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: _____

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Address: _____ Phone: _____

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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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FINANCIAL INFORMATION

Name of Financial Institution _____

Do you have a Checking Account? YES _____ NO _____

Do you have a Savings Account? YES _____ NO _____

HAVE YOU EVER:

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

Filed for Bankruptcy? YES ___ NO ___ If yes, Month/Year _____

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

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

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

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

Newspaper

Oak Helm Sign

QCFSBO

Oak Helm 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 a credit check. I/We understand, and authorize 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: _____