



Oak Helm  
PARTNERS

For more information,  
visit our website at  
[www.oakhelm.com](http://www.oakhelm.com)

**2920 N. Harrison Street • Davenport, IA 52803**  
**call 563-326-6401 • fax 563-323-5515 • text 563-529-8179**

**\*NON-REFUNDABLE APPLICATION FEE: \$50.00**

**\*\*APPLICATION WILL NOT BE PROCESSED WITHOUT PROOF OF INCOME AND COPY OF  
ID ARE PROVIDED AND APPLICATION IS COMPLETELY FILLED OUT.**

## APPLICANT:

Address of Property Interested In: \_\_\_\_\_

Full Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Other Phone Number: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Current  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dependents: 1. \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_

4. \_\_\_\_\_ Age: \_\_\_\_\_

Pets (Number and kind) \_\_\_\_\_

## CO-APPLICANT:

Full Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Other 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 \_\_\_\_\_

## RESIDENCE HISTORY:

Current/Last Address \_\_\_\_\_

Month/Year Moved In: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

Monthly Payment Amount: \_\_\_\_\_

Owner/Agent: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Co Applicant Address (If living seperately): \_\_\_\_\_

Month/Year Moved In: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

Monthly Payment Amount: \_\_\_\_\_

Owner/Agent: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## EMPLOYMENT HISTORY – Applicant & Co-Applicant

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

Co-Applicant Status:     - Employed Full Time     - Employed Part-Time     - 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: \$ \_\_\_\_\_

## PERSONAL REFERENCES (No Family/Household Members)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## EXPENSES

**\*Please include credit cards, auto payments, loan payments, child care expenses, cell phones, estimated monthly spending, etc.**

Expense/Payment: \_\_\_\_\_ Amount:\$ \_\_\_\_\_ Balance Owed: \_\_\_\_\_ How Often Paid \_\_\_\_\_

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Expense/Payment: \_\_\_\_\_ Amount:\$ \_\_\_\_\_ Balance Owed: \_\_\_\_\_ How Often Paid \_\_\_\_\_

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## FINANCIAL INFORMATION

Name of Financial 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. (or any other utilities)?

NO  YES If yes, Explain: \_\_\_\_\_

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

● Facebook

● Oak Helm Sign

● Oak Helm Flyer

● www.OakHelm.com

Other \_\_\_\_\_

## Showing Details

Date Property was Shown: \_\_\_\_\_ Anticipated Move in Date: \_\_\_\_\_

Property Shown By: \_\_\_\_\_

**\*OAK HELM PARTNERS REQUIRES THAT ALL APPLICANTS PROVIDE COPIES OF YOUR ID. AS WELL AS PROOF OF ALL INCOME IN THE LAST MONTH (PAY STUBS, CHILD SUPPORT, SOCIAL SECURITY, UNEMPLOYMENT, ETC.)**

**\*If these cannot be submitted with application, please email to [oakhelm@oakhelm.com](mailto:oakhelm@oakhelm.com) or text 563-529-8179**

This application is for the purpose of assisting in determining your ability to purchase/lease 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.

We certify the information above 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 or lease of real estate. You are hereby authorized to finish all information requested by the Seller/Lender relative to my/our credit, employment and financial status, including pay off information. A photocopy of my/our signature(s) will still qualify as authorization. I/We understand this application may take up to 7-10 business days to process.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CO-APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_