



Oak Helm
PARTNERS

For more information,
visit our website at
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 UNTIL PROOF OF INCOME AND COPY OF ID.**

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

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

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

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

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

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

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

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

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

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

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 JVoss@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:** _____