

Star Home USA Family of Companies

APPLICATION FORM

PO Box 97 - Perryville, KY 40468 Phone: 859.332.2000 Fax: 859.712.0404

APPLICANT #1

| | |
|---|---------------------------|
| Applicant Name: _____ | Today's Date: _____ |
| Date of Birth _____ | Home Phone #: _____ |
| Current Address _____ | Cell Phone #: _____ |
| City _____ | State _____ |
| Zip _____ | |
| Length of time at Address: _____ | Drivers License #: _____ |
| What kind of reference will your current landlord give you? _____ | |
| Current Landlord Name: _____ | Current LL Phone #: _____ |
| Married: _____ | Single: _____ |
| Current rent paid: \$ _____ | |
| Have you been convicted of a crime (misdemeanor and/or felony)? | Yes _____ No _____ |
| If Yes, please explain: _____ | |

If length of address is less than 6 months, list prior address and Landlord below:

| | | | |
|---|------------|-------------------------|-----------|
| Previous Address: _____ | City _____ | State _____ | Zip _____ |
| What kind of reference will your previous landlord give you? _____ | | | |
| Length of time at Address: _____ | | | |
| Previous Landlord Name: _____ | | Prev. LL Phone #: _____ | |
| Circle all that apply: any foreclosures, evictions, or bankruptcy? If circled, please list date(s) of occurrence for all: _____ | | | |

APPLICANT #2

| | |
|--|---------------------------|
| Applicant Name: _____ | Today's Date: _____ |
| Date of Birth _____ | Home Phone #: _____ |
| Current Address _____ | Cell Phone #: _____ |
| City _____ | State _____ |
| Zip _____ | |
| Length of time at Address: _____ | Drivers License #: _____ |
| What kind of reference will your previous landlord give you? _____ | |
| Current Landlord Name: _____ | Current LL Phone #: _____ |
| Married: _____ | Single: _____ |
| Current rent paid: \$ _____ | |
| Have you been convicted of a crime (misdemeanor and/or felony)? | Yes _____ No _____ |
| If Yes, please explain: _____ | |

If length of address is less than 6 months, list prior address and Landlord below:

| | | | |
|---|------------|-------------------------|-----------|
| Previous Address: _____ | City _____ | State _____ | Zip _____ |
| What kind of reference will your previous landlord give you? _____ | | | |
| Length of time at Address: _____ | | | |
| Previous Landlord Name: _____ | | Prev. LL Phone #: _____ | |
| Circle all that apply: any foreclosures, evictions, or bankruptcy? If circled, please list date(s) of occurrence for all: _____ | | | |

| | | |
|--|--------------|---------------|
| Are you current pet owners? _____ | Breed: _____ | Weight: _____ |
| Please list what type of animal and their weight _____ | | |

Pet deposit and monthly fee may apply. If applicable, max no. of pets is 2 w/max weight limit of 25 pounds each. Breed restrictions apply.

ALL APPLICANTS:

By signing this application, you consent to permit Star Home Management and its related companies to perform a criminal background check utilizing your name, social security number and/or date of birth. By signing this application, you further acknowledge and accept our policy to deny applications based on the findings from such background check.

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EMPLOYMENT HISTORY

APPLICANT #1

Name of Employer: _____ Phone #: _____
Address of Employer _____ City _____ State _____ Zip _____
Length of Employment: _____ Occupation: _____
Salary (please circle one): \$ _____ Weekly /Monthly /Bi-Weekly Avg. hours per week: _____
List any additional income: \$ _____ Source: _____
Do you pay child support?: Yes No If yes, how much per month: \$ _____

If length of employment is less than 6 months, list prior employer below:

Name of Previous Employer: _____ Phone #: _____
Address of Prev Employer _____ City _____ State _____ Zip _____
Length of Employment: _____ Prev Occupation: _____
Salary: \$ _____ (please circle one): Weekly /Monthly /Bi-Weekly Avg. hours per week: _____

APPLICANT #2

Name of Employer: _____ Phone #: _____
Address of Employer _____ City _____ State _____ Zip _____
Length of Employment: _____ Occupation: _____
Salary: \$ _____ (please circle one): Weekly /Monthly /Bi-Weekly Avg. hours per week: _____
List any additional income: \$ _____ Source: _____
Do you pay child support?: Yes No If yes, how much per month: \$ _____

If length of employment is less than 6 months, list prior employer below:

Name of Previous Employer: _____ Phone #: _____
Address of Prev Employer _____ City _____ State _____ Zip _____
Length of Employment: _____ Prev Occupation: _____
Salary: \$ _____ (please circle one): Weekly /Monthly /Bi-Weekly Avg. hours per week: _____

In case of emergency, call: _____ Phone # _____ Relationship _____
Address: _____

List additional people and their ages who will be living in the home: _____

By submitting this application, I authorize Star Home Management, Inc. or their agents or various entities to verify the information by utilizing my name, social security number and/or date of birth. I am providing access to my credit for the sole purpose of qualifying me for their purchase and/or rental program. This information is confidential and will not be used for any other purpose. Falsification/misrepresentation of any information provided by applicant(s) on this application will be cause for immediate denial of application.

Applicant #1 Signature: _____

Applicant #2 Signature: _____

Must include email address: _____

I am interested in the property located at:

OFFICE USE ONLY

Customer ID number #1: _____

Customer ID number #2: _____

MAIL FORM OR FAX TO: 859-712-0404

To see our list of properties, go to StarHomeUSA.com

PO Box 97 - Perryville, KY 40468