



The Real Estate Solution, LLC  
Phone: 1-804-338-0463  
Fax: 1-804-745-5277  
www.theREsolution.org

### Program Application

#### Applicant Information

Applicant 1

Full Legal Name \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone numbers Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Driver License Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position \_\_\_\_\_ Date Started \_\_\_\_\_

Monthly Income \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position \_\_\_\_\_ Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Additional Income \_\_\_\_\_



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Applicant 2

Full Legal Name \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone numbers Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Driver License Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position \_\_\_\_\_ Date Started \_\_\_\_\_

Monthly Income \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position \_\_\_\_\_ Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Additional Income \_\_\_\_\_



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Rental History

Landlord/Mortgage Company \_\_\_\_\_

Phone Number \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Date Moved In \_\_\_\_\_ Lease Ends \_\_\_\_\_

Previous Landlord/Mortgage Company \_\_\_\_\_

Phone Number \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Date Moved In \_\_\_\_\_ Moved Out \_\_\_\_\_

Personal References

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_



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### Occupants

First and last names of all occupants

First \_\_\_\_\_ Last \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_

### Pets

Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

### Vehicles

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_



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Financial History

Bank \_\_\_\_\_
Checking Y N Savings Y N

Bank \_\_\_\_\_
Checking Y N Savings Y N

Have you ever declared bankruptcy? Y N If Yes, date \_\_\_\_\_

Have you ever foreclosed on a home? Y N If Yes, date \_\_\_\_\_

Have you ever had a vehicle repossessed? Y N If Yes, date \_\_\_\_\_

Do you have outstanding credit card balances? Y N If Yes, total \_\_\_\_\_

Do you have outstanding medical bills? Y N If Yes, total \_\_\_\_\_

Criminal Background

Have any of the above listed occupants ever been...

Convicted of a felony? Y N

Been evicted? Y N

Broken a lease? Y N

The above listed applicant(s) declare that all statements made in this application are true and complete. Applicant(s) hereby authorize The Real Estate Solution, LLC to verify all of the information in this application and obtain credit information as needed. If applicant(s) have given any false information, The Real Estate Solution, LLC is entitled to reject the application and retain any application fees as liquidated damages for the time and expense of evaluating this Program Application.

Signatures

Applicant 1 \_\_\_\_\_ Date \_\_\_\_\_

Applicant 2 \_\_\_\_\_ Date \_\_\_\_\_