

# *Borg Properties, LLC*

Voice: (253) 639-1181

Fax: (253) 826-6369

PLEASE PRINT - ALL information must be completed.

How did you find out about us? Sign  Newspaper  Friend  Other

Address you are applying for: \_\_\_\_\_

Date of desired occupancy: \_\_\_\_\_

Would you like to take advantage of our owner financing or lease purchase programs? \_\_\_\_\_

How much of a down payment can you raise? \_\_\_\_\_

What monthly budget are you trying to work within for your house payment? \_\_\_\_\_

Is your credit, good, fair, or ugly? \_\_\_\_\_

## YOUR PERSONAL INFORMATION

Full Name \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long? \_\_\_\_\_ If renting, Apartment name/location \_\_\_\_\_ Current Payment: \$ \_\_\_\_\_

Landlord/mgr's name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer #1: \_\_\_\_\_ Position: \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Gross Monthly Income before deductions: \$ \_\_\_\_\_

Spouse's Employer #1: \_\_\_\_\_ Position: \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Gross Monthly Income before deductions: \$ \_\_\_\_\_

Do you receive/pay child support? \_\_\_\_\_

Have you filed Bankruptcy? \_\_\_\_\_ When \_\_\_\_\_

Have you had a Foreclosure? \_\_\_\_\_ When? \_\_\_\_\_

Banking (Savings) YES/NO \_\_\_\_\_ Banking (Checking) YES/NO \_\_\_\_\_

**Name, Phone and Relationship of 2 Relatives or Friends not living with you:**

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

**Give 2 Emergency Contacts. If you are unable to pay the rent. Name 2 persons or agencies that can assist you should this emergency occur. If an unforeseen circumstance happens making you unable to pay the rent, who will we contact, to help you.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PROFESSIONAL REFERENCES:**

1. Attorney Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2. Doctor Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**OTHER INFORMATION:**

(Other persons, including children who will live in the dwelling unit)

Name \_\_\_\_\_ Name \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_

**PETS:**

Name \_\_\_\_\_ Type \_\_\_\_\_ Weight \_\_\_\_\_ Name \_\_\_\_\_ Type \_\_\_\_\_ Weight \_\_\_\_\_

**\*NOTE: No pets are allowed at any time on the premises without prior Management consent and payment of fees. NO EXCEPTIONS.**

Do you own: Vacuum cleaner [ ] Lawn mower [ ] Waterbed [ ] Musical inst. [ ] Smoker yes [ ] No [ ]

I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of this application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on the application. Any deposit or option consideration given in connection with the property listed above will be non-refundable. The information on this application form is strictly confidential and will be kept so by the management. The purpose of the information is to verify the your credit qualifications. The applicant agrees to allow a full credit examination and hereby authorizes management to contact any agencies, offices, groups, organizations or references listed to obtain and verify any information or materials which is deemed necessary to complete my application and/or on an annual basis to evaluate for renewal consideration or to assist in contacting me should it become necessary to locate me relevant to matters involved in this tenancy.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date