



# ANDREW FINANCIAL GROUP, INC.

12195 Highway 92  
Suite 114, #354  
Woodstock, GA 30188  
770-591-5979 Phone  
800-315-9198 Fax

www.afghomes.com

**EACH ADULT APPLICANT MUST COMPLETE A SEPARATE APPLICATION  
PLEASE PRINT – ALL INFORMATION MUST BE COMPLETED.**

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

Date of desired occupancy: \_\_\_\_\_ Is your credit good, fair, or ugly? \_\_\_\_\_

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

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

What is the maximum monthly payment you would/could pay? \_\_\_\_\_

How long do you need before you would be able to close on this house? \_\_\_\_\_

### YOUR PERSONAL INFORMATION

Full Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

How long? \_\_\_\_\_ If renting, Apartment name/location: \_\_\_\_\_

Current Payment \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Landlord/Mgr's Name: \_\_\_\_\_

Alternate Phone( ) \_\_\_\_\_ Why are you leaving? \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long? \_\_\_\_\_

If renting, Apartment name/location: \_\_\_\_\_

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

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

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Gross Monthly Income before deduction: \$ \_\_\_\_\_

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

Employer #2: \_\_\_\_\_ Position: \_\_\_\_\_ How Long? \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Gross Monthly Income before deduction: \$ \_\_\_\_\_

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

### CREDIT INFORMATION: This can include store credit cards, rental stores, car loans, small loans

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Acct #(s) \_\_\_\_\_ Approx Balance: \$ \_\_\_\_\_

Checking: [ ] Savings: [ ] Loan: [ ] City: \_\_\_\_\_ State \_\_\_\_\_ How long have you had it? \_\_\_\_\_

### OTHER INFORMATION

OTHER PERSONS (INCLUDING CHILDREN) WHO WILL LIVE ON THE PROPERTY

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ If so please list what type and the names of the pets: \_\_\_\_\_

### LIST ALL OF YOUR CURRENT MONTLY OBLIGATIONS BELOW:

Pay To: \_\_\_\_\_ Total Amount Due: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Pay To: \_\_\_\_\_ Total Amount Due: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

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Pay To: \_\_\_\_\_ Total Amount Due: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Pay To: \_\_\_\_\_ Total Amount Due: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Have you ever been evicted? Yes [ ] No [ ]

Have you ever had repossession? Yes [ ], Date: \_\_\_\_\_ No [ ] (if Yes, please explain below)

Have you ever had foreclosure? Yes [ ], Date: \_\_\_\_\_ No [ ] If Yes, please explain below.

Have you ever filed for bankruptcy? Yes [ ] Date: \_\_\_\_\_ No [ ] (If yes, explain below) If Yes, Chapter 7 [ ] or Chapter 13 [ ]? If Yes, has the bankruptcy been discharged? Yes [ ] No [ ] If Yes, when discharged? \_\_\_\_\_

Have you ever been convicted of a crime, other than a traffic violation? Yes [ ] No [ ]

If you answered yes to any of the above questions, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References (Please use non-relatives) Preferably people you do business with.**

Name: \_\_\_\_\_ Phone: #1 \_\_\_\_\_ Phone: #2 \_\_\_\_\_

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

Relationship: \_\_\_\_\_ How long have they known you? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: #1 \_\_\_\_\_ Phone: #2 \_\_\_\_\_

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

Relationship: \_\_\_\_\_ How long have they known you? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: #1 \_\_\_\_\_ Phone: #2 \_\_\_\_\_

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

Relationship: \_\_\_\_\_ How long have they known you? \_\_\_\_\_

An Application Receipt Agreement must be signed by all adults who will occupy the property before this application can be considered by Management. The undersigned expressly agrees that if this application is approved applicant herewith agrees to lease, owner finance or lease purchase this property. Applicant further agrees that if applicant is accepted by Management and then decides, for any reason, not to move into the premises, then all monies paid herewith shall be retained as liquidated damages since other prospective purchasers may have been turned away and it will be necessary for Management to re-advertise the property and evaluate other applicants. Processing of application shall be as timely as possible and the results may be delivered via telephone, fax or mail. Once approved, applicant agrees to pay the balance of funds and complete the paperwork within 48 hours, otherwise management will assume that applicant has decide to forfeit and will begin re-marketing the property. If applicant is not approved, all monies given herewith shall be returned to the applicant.

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 this application.

\_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature

\_\_\_\_\_  
Print Name