

**Heritage Financial Services Limited**

1894 East Galbraith Road  
Cincinnati, Ohio 45215  
761-7368 fax 948-9476

Building Address: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_  
Down Payment: \_\_\_\_\_

**RESIDENTIAL APPLICATION**

INSTRUCTIONS: Response required for each blank. Use N/A if not applicable. Please print except for signature. Use full names or initials. If living at temporary address please use last previous address as present address.

Applicant's Full Name: \_\_\_\_\_ Mothers Maiden Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Are you currently married? Yes ( ) No ( ) Have you ever been divorced? Yes ( ) No ( )

Co-Applicant Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Drivers License # \_\_\_\_\_

List below all persons other than applicant and Co-Applicant that will occupy the property

Name	Age	Relationship	Name	Age	Relationship

**EMPLOYMENT HISTORY/SOURCE OF INCOME**

Current Employer: \_\_\_\_\_ Company Phone: ( ) \_\_\_\_\_

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

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

When are you paid? \_\_\_\_\_ Supervisor's Name : \_\_\_\_\_

Is automatic deposit offered? ( ) Yes ( ) No 401k or savings plan? ( ) Yes ( ) No YTD Income \_\_\_\_\_

(Previous, Additional) Employer: \_\_\_\_\_ Company Phone: ( ) \_\_\_\_\_

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

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ YTD Income: \_\_\_\_\_

**CO-APPLICANT'S EMPLOYMENT HISTORY/SOURCE OF INCOME**

Current Employer: \_\_\_\_\_ Company Phone: ( ) \_\_\_\_\_

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

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

When are you paid? \_\_\_\_\_ Supervisor's Name : \_\_\_\_\_

Is automatic deposit offered? ( ) Yes ( ) No 401k or savings plan? ( ) Yes ( ) No YTD Income \_\_\_\_\_

(Previous, Additional) Employer: \_\_\_\_\_ Company Phone: ( ) \_\_\_\_\_

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

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ YTD Income: \_\_\_\_\_

**RESIDENTIAL HISTORY**

Current Apartment Name or Landlord: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Phone: ( ) \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Payments: \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Apartment Name or Landlord: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Phone: ( ) \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Payments: \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

**BANK REFERENCES**

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Contact: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Savings Account Number: \_\_\_\_\_

**LOCAL CREDIT REFERENCES**

Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone: \_\_\_\_\_ Payment \_\_\_\_\_ Amount Due \_\_\_\_\_

Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone: \_\_\_\_\_ Payment \_\_\_\_\_ Amount Due \_\_\_\_\_

Creditor: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone: \_\_\_\_\_ Payment \_\_\_\_\_ Amount Due \_\_\_\_\_

List accounts that have been more than 30 days past due \_\_\_\_\_

Do you (pay, receive) child support or alimony? No ( ) Yes ( ) Amount \_\_\_\_\_

Do you have a car payment? ( ) Yes ( ) No Do you have a furniture payment? ( ) Yes ( ) No

Do you belong to a health club? ( ) Yes ( ) No Do you have student loans? ( ) Yes ( ) No

Have you had a car repossessed or returned a car? ( ) Yes ( ) No When? \_\_\_\_\_

**VEHICLES**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ License Number: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ License Number: \_\_\_\_\_ State: \_\_\_\_\_

Do you have a trailer, truck or boat? \_\_\_\_\_ Do you have any collectibles (ie coins) No ( ) Yes ( )

Filed for bankruptcy? No ( ) Yes ( ) When? \_\_\_\_\_ Been evicted? No ( ) Yes ( )

Had a criminal record? No ( ) Yes ( ) If yes, explain: \_\_\_\_\_

Been arrested for drug usage or trafficking in drugs? No ( ) Yes ( )

**PETS**

Number: \_\_\_\_\_ Type(s): \_\_\_\_\_ Weight(s): \_\_\_\_\_ Breed(s): \_\_\_\_\_

Please list two relatives or personal references:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

I/We do hereby consent to and authorize any representative of Heritage Financial Services Limited, to obtain, verify and exchange information concerning me/us with any one they deem desirable. Furthermore, I/we hereby release and hold harmless any agencies, owners and affiliates (including but not limited to officers, directors, and employees) that shall provide information to Heritage Financial Services Limited, upon request, from any and all claims, demands, suits or expenses arising from or related to the content, validity, or handling of said reports.

I/We hereby certify that I/we have read and reviewed the information contained in this application and certify that it is accurate, full and complete. Any discrepancy or lack of information will result in immediate rejection of this application. I/We understand that this is an application and does not constitute an agreement in whole or part.

**I/We understand that any hold deposit will be retained by Heritage Financial Services Limited as liquidated damages if this application is approved and I/we am/are unable or unwilling to fulfill the conditions of occupancy.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_