



# Home

RENT 2 OWN

APPLICANT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

STATE: \_\_\_\_\_ APT# \_\_\_\_\_ HOME PHN: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ EMPLOYED SINCE? \_\_\_\_\_

TITLE: \_\_\_\_\_ FULL/PART TIME: \_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SEC. NUMBER \_\_\_\_\_

DRIVERS LIC. NUMBER# \_\_\_\_\_ LICENSE PLATE# \_\_\_\_\_

CO-APPLICANT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOC. SEC. NUMBER \_\_\_\_\_

DRIVERS LIC. NUMBER#: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ EMPLOYED SINCE? \_\_\_\_\_

TITLE: \_\_\_\_\_ FULL/PART TIME \_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

### LANDLORD INFORMATION

CURRENT LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

AT CURRENT ADDRESS SINCE? \_\_\_\_\_

PREVIOUS LANDLORD: \_\_\_\_\_ PREVIOUS ADDRESS: \_\_\_\_\_

HOW LONG AT PREVIOUS? \_\_\_\_\_

### 4 REFERENCES (AT LEAST 2 MUST BE RELATIVES)

1 \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

2 \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

3 \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

4 \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**\*\*HOW DID YOU HEAR ABOUT  
HOME FURNITURE RTO DEPT?**



## RENT TO OWN QUALIFICATIONS

1. MUST BE AT LEAST 21 YEARS OF AGE.
2. MUST BE AT LEAST 6 MONTHS AT PRESENT ADDRESS.
3. MUST BE AT LEAST 6 MONTHS AT PRESENT JOB. (UNEMPLOYMENT, CHILD SUPPORT, SSI, ETC. DO NOT QUALIFY AS A VALID SOURCE OF INCOME).
4. MUST HAVE TELEPHONE/CELL PHONE SERVICE AT PRESENT ADDRESS.
5. MUST HAVE VALID DRIVERS LICENSE/STATE I.D. AND SOCIAL SECURITY CARD.
6. MUST PUT DOWN 1<sup>ST</sup> MONTHS' PAYMENT BEFORE SIGNING THE CONTRACT.
7. MUST PUT DOWN 50% IF RENTING-TO-OWN SEALY MATTRESSES.

## QUALIFICATIONS TO CONTINUE RENTING

1. MUST PAY RENT IN ADVANCE AT ALL TIMES.
2. MUST MAINTAIN EMPLOYMENT AT ALL TIMES.
3. MUST MAINTAIN TELEPHONE SERVICE AT ALL TIMES.
4. MUST KEEP MERCHANDISE AT ORIGINAL ADDRESS ON RENTAL CONTRACT
5. MUST NOTIFY HOME APPLIANCE **IMMEDIATELY** OF ANY CHANGES IN EMPLOYMENT, TELEPHONE NUMBER AND/OR RESIDENCE. (RENTAL MERCHANDISE **CANNOT** BE MOVED OUT OF KANKAKEE/IROQUOIS COUNTY UNDER ANY CIRCUMSTANCES!)

\*\* I CERTIFY THE INFORMATION SUPPLIED BY ME ON THIS FORM IS TRUE & CORRECT. I AUTHORIZE HOME APPLIANCE TO CONTACT ME VIA HOME, CELL PHONE, WORK, TEXT MESSAGE OR EMAIL ADDRESS. I AUTHORIZE THE VERIFICATION OF THE TRUTHFULNESS OF ALL INFORMATION CONTAINED HEREIN, INCLUDING CONTACT WITH ANY PERSONAL REFERENCES OR FIRM LISTED & FULL RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT. I AUTHORIZE HOME APPLIANCE TO VERIFY MY INFORMATION (I.E. EMPLOYMENT, RESIDENCE, REFERENCES). ANY FALSE STATEMENT MADE SHALL BE SUFFICIENT BASIS FOR REJECTION OF THIS ORDER. I CERTIFY THAT I UNDERSTAND & MEET ALL OF THE QUALIFICATIONS. \*\*

SIGN FULL NAME \_\_\_\_\_

DATE: \_\_\_\_\_

CO-APPLICANT

SIGN FULL NAME \_\_\_\_\_

DATE: \_\_\_\_\_