

**APPLICATION FOR:
KHI REAL ESTATE PARTNERSHIP PROGRAM**

CONTACT INFORMATION:

First Name:		Middle Name:	
Last Name:		Suffix <input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc.	
Nickname (DBA):			
Home Address:			
City:		State:	
			Zip:
Home Phone:		Cell Phone:	
Primary E-mail:		Secondary E-mail:	

LICENSE INFORMATION:

Broker or Salesperson's License #:	
State of Licensure:	
Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, where:	

COMPANY INFORMATION:

Office Name:			
Office Address:			
Office Phone:		Year Established:	
Company Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> Other, specify:			
Your position: <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Majority Shareholder			
<input type="checkbox"/> Branch Office Manager <input type="checkbox"/> Non-principal Licensee <input type="checkbox"/> Other:			
Names of other Partners/Officers of your firm:			
Is the office address provided above your principal place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, or if you have a branch office, please provide that address:			
Address:			
City:		State:	
			Zip:

PREFERRED MAILING/CONTACT INFORMATION:Preferred Phone: Home Office CellPreferred E-mail: Primary E-mail Secondary E-mailPreferred Mailing: Home Office Office Mail Alternate Member Mail AlternateMail Publications to: Home Office Office Mail Alternate Member Mail Alternate**Office Mailing Alternate:**

Address:

City:

State:

Zip:

Member Mailing Alternate:

Address:

City:

State:

Zip:

APPLICANT INFORMATION:

Which of the following property management services do you currently provide (check all that apply)?

 Residential Commercial Associations Short-Term RentalAre you currently a member of any real estate related associations? Yes No

If yes, name of Association:

Type of membership held:

Do you currently manage a minimum of one hundred (100) total units? Yes No

Number of Units Residential:

Number of Units Commercial:

Number of Units Associations:

Number of Units Short-Term Rental:

Are all required state/local licenses current and in good standing? Yes NoDo you have any record of civil judgments imposed within the past five (5) years involving judgments of civil rights laws, real estate license laws, or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities? Yes No

If yes, provide details:

Do you have a record of criminal conviction(s) within the past five (5) years? Yes No

If yes, provide details:

CERTIFICATION

I certify that the information reflected in this application is true and correct to the best of our knowledge and that we are authorized to execute this application on behalf of the company. I further certify that the company has complied with all statutes, rules and regulations required of it to conduct business in its state. I understand that providing answers that are not true, correct, and complete is grounds for disapproval of this application or revocation of the partnership. I authorize the KHI Real Estate, LLC to conduct any investigations of the company which it deems prudent. I understand that information revealed in an investigation may be cause for disapproval of the application even though other requirements for membership in the Partnership Program have been met. I further understand that information submitted in conjunction with this application may be subject to public disclosure or inspection in accordance with the Public Information Act (Chapter 552, Government Code).

I further certify that the company will promptly provide to KHI Real Estate, LLC upon request all business formation, ownership and representative authorization records and changes thereto required to be kept by the company by law.

By signing below, I consent that KHI Real Estate, LLC and its subsidiaries, if any, may contact me at the specified address, telephone numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to KHI Real Estate, LLC in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership in the Partnership Program.

Dated: _____

Signature: _____

Printed Name: _____

Please return the completed application via
your preferred communication method below:

Email: info@khirealestate.com

Mail: 2810 Market Loop, Ste. 200, Southlake,
TX 76092