

SUPPLEMENTAL RENTAL APPLICATION UNIQUELY OWNED LLC

IMPORTANT APPLICANT INFORMATION: Uniquely Owned LLC. Assistance program requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

<p style="text-align: center;">SUPPLEMENTAL RENTAL PROGRAM</p> <p>IMPORTANT: Check the appropriate boxes below and complete the applicable sections.</p> <p> <input type="checkbox"/> SECURED <input type="checkbox"/> INDIVIDUAL APPLICANT – relying solely on my income or assets <input type="checkbox"/> UNSECURED <input type="checkbox"/> JOINT APPLICANT – relying on my income or assets as well as assets from other sources <input type="checkbox"/> CO-SINGER – I / We Have a personal guarantor (initials) _____ </p>	<p style="text-align: center;">FOR CREDITOR USE</p> <p>DATE: _____</p> <p>APPROVED <input type="checkbox"/> by _____</p> <p>DECLINED <input type="checkbox"/> by _____</p>
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AMOUNT REQUESTED	FOR HOW LONG	PAYMENT DATE DESIRED	WANT TO REPAY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	PROCEEDS TO BE USED FOR:
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RENTAL AGREEMENT TYPE: <input type="checkbox"/> Monthly <input type="checkbox"/> Lease	<input type="checkbox"/> Extension <input type="checkbox"/> 6 Mo.	LENGTH OF LEASE <input type="checkbox"/> 12 Mo.	PURPOSE <input type="checkbox"/> Rental Program <input type="checkbox"/> Business <input type="checkbox"/> Consumer
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INDIVIDUAL APPLICANT INFORMATION

NAME (First, Middle, Last)			E-MAIL ADDRESS	
BIRTHDATE	TELEPHONE NUMBER	DRIVERS LICENSE NUMBER	STATE OF ISSUANCE	SOCIAL SECURITY NUMBER
ADDRESS (City, State, Zip)			Do you <input type="checkbox"/> own Or <input type="checkbox"/> rent?	HOW LONG?
ADDRESS (City, State, Zip) (Complete if less than 3 years at present address.)			Did you <input type="checkbox"/> own Or <input type="checkbox"/> rent?	HOW LONG?
EMPLOYER (Company Name and Address)				HOW LONG?
BUSINESS PHONE:		POSITION OR TITLE		\$ SALARY PER MONTH
PREVIOUS EMPLOYER (Company Name and Address)				HOW LONG?
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU (include area code)		RELATIONSHIP	TELEPHONE NUMBER (include area code)	
Alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.				
Alimony, child support or separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding				
SOURCES OF OTHER INCOME			AMOUNT PER MONTH \$	
Is any income listed in this section likely to be reduced before the credit request is paid off? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)			Have you previously received credit from us? <input type="checkbox"/> NO <input type="checkbox"/> YES – When?	

JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only for joint credit.				
NAME (First, Middle, Last)			E-MAIL ADDRESS	
BIRTHDATE	TELEPHONE NUMBER	DRIVERS LICENSE NUMBER	STATE OF ISSUANCE	SOCIAL SECURITY NUMBER
ADDRESS (City, State, Zip)			Do you <input type="checkbox"/> own Or <input type="checkbox"/> rent?	HOW LONG?
ADDRESS (City, State, Zip) (Complete if less than 3 years at present address.)			Did you <input type="checkbox"/> own Or <input type="checkbox"/> rent?	HOW LONG?
EMPLOYER (Company Name and Address)				HOW LONG?
BUSINESS PHONE:		POSITION OR TITLE		\$ SALARY PER MONTH
PREVIOUS EMPLOYER (Company Name and Address)				HOW LONG?
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU (include area code)		RELATIONSHIP	TELEPHONE NUMBER (include area code)	
Alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.				
Alimony, child support or separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding				
SOURCES OF OTHER INCOME			AMOUNT PER MONTH \$	

Is any income listed in this section likely to be reduced before the credit request is paid off? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)	Have you previously received assistance from us? <input type="checkbox"/> NO <input type="checkbox"/> YES – When?
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MARITAL STATUS			
APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced and widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced and widowed)

ASSET AND DEBT INFORMATION

ASSETS OWNED	(Use separate sheet if necessary)		
DESCRIPTION OF ASSETS	NAME IN WHICH ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBERS(S) Where?			
SAVINGS ACCOUNT NUMBERS(S) Where?			
CERTIFICATE(S) OF DEPOSIT Where?			
AUTOMOBILES Make, model, year			
OTHER List			
TOTAL ASSETS			\$

OUTSTANDING DEBTS	(Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations, Use a separate sheet if necessary.)				
CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	MONTHLY PAYMENTS	ORIGINAL AMOUNT	PRESENT BALANCE
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage				
AUTOMOBILES (Describe)					
TOTAL DEBTS					

Complete the following information about both the Applicant and the Joint Applicant or Other Person (if applicable) Are you obligated to make Alimony, Child Support or Separate Maintenance Payments: Yes No

If yes, to (Name and Address) _____ Amount per month: \$ _____

Are you a co-maker, endorser, or guarantor on any loan or contract? No Yes If yes, for whom? _____ Payable to: _____

Are there any unsatisfied judgments against you? No Yes If yes, to whom owed? _____ Amount: \$ _____

Have you been declared bankrupt in the last 10 years? No Yes If yes, where? _____ Year?

SECURED / COLLATERAL
PROPERTY DESCRIPTION
NAME AND ADDRESS OF ALL CO-OWNERS OF THE PROPERTY

You certify that everything you have stated in this Private Assistance Application and on any other documents submitted to us are true and correct to the best of your knowledge. You understand that you must update the information contained in this Private Assistance Application if either your financial condition materially changes or we make a request to you orally or in writing. You understand that we will retain this Private Assistance Application whether or not it is approved.

You authorize us to request one or more consumer reports, to check and verify your credit and employment history, and to answer questions others may ask us about our business experience with you.

You authorize us to contact you using any of the telephone numbers listed on this Supplemental Rental Application or that you subsequently provide us in connection with your account – regardless whether the number we use is assigned to a paging service, cellular telephone service, specialized mobile radio service, other radio common carrier service or any other service for which you may be changed for the call. You further authorize us to contact you through the use of voice, text and email and through the use of prerecorded/artificial voice messages or an automatic dialing device.

Electronic Signature. If checked, you further agree that you have signed this Supplemental Rental Application with one or more electronic signatures. You intend your electronic signature to have the effect of your written ink signature. You viewed and read the entire Private Assistance Application and notices before you signed it. You received a paper copy of this Private Assistance Application after it was signed. You understand that this Private Application is in the electronic form that we will keep. We may rely on, and enforce, this Private Application in the electronic form or as a paper version of the electronic form.

Applicant Signature _____ Date _____ Joint Applicant, or Other Party, Signature _____ Date _____

For Bank Use

Date Received	Received by	Date Action Taken	Action Taken By	Action Taken	Reason Code(s)

PRIVATE CONSUMER APPLICATION I DISCLOSURE

I have applied for an extension of assistance with Uniquely Owned LLC., and acknowledge that they may use credit reports to verify my /our identity, credit worthiness, character, general reputation, personal and means of living and or debt to income ratios in determining status. According to The Federal Equal Credit Opportunity Act ECOA prohibits from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, or age. If I request, I will be informed of the name and address of any consumer reporting agency that furnished a report.

By signing, I acknowledge that I have received a copy of this form on today's date or within three (3) days if I have applied by telephone. Unless this disclosure is provided electronically or I have applied for by mail, I also acknowledge that you have provided this disclosure to me orally.

BORROWER:

_____ Date _____

CO / BORROWER:

_____ Date _____

PERSONAL GAURANTOR

_____ Date _____