

LEASE/PURCHASE APPROVAL PROCESS

- Step 1: Complete the attached Approval Form for Lease Purchase. Each adult (18 years or older) must complete a <u>separate</u> form.
- Step 2: Make photocopies of your:
 - a. Driver's License
 - b. Social Security Card
 - c. Most Recent Pay Check Stub(s)

Step 3: Enclose the nonrefundable Processing Fee as follows:

Harital Status	Processing Fee		
Single individual	\$45		
Unmarried individuals	¢45 per person		
Married couple	\$80 per coup		

Personal checks or money orders are accepted.

Make payable to: Your Capital Corporation

Fee Temporarily Waived

- Step 4: Gather together <u>Approval Application</u> and <u>Photocopies</u> and do one of the following:
 - a. Fax the Approval Form and Photocopies to 678-344-9230.
 - Mail the Approval Form and Photocopies in a large envelope to the address below.
 - c. **Deliver** the **Approval Form** and **Photocopies** to our offices located at the address below.

You will be notified shortly of your approval status.

YOUR CAPITAL CORPORATION

2330 Scenic Highway, Suite 127 Snellville, Georgia 30078 770-978-4183

www.YourCapitalCorp.com

APPROVAL FORM FOR LEASE / PURCHASE

EACH ADULT MUST COMPLETE A SEPARATE APPROVAL FORM PLEASE PRINT - ALL information must be completed.

Full Name	Date of Birth:			
Home Phone ()	Work Phone ()		
Cell Phone ()	Email Address			
Social Security Number Driv	er's License #	State:		
Present Address_	City_	State:Zip:		
How Long at Address? If renting, Apartment name/location	on	Phone: ()		
Landlord/Mgr's name		Alternate Phone: ()		
Why are you leaving?		Current Payment: \$		
Have you given notice to your current landlord? □ YES	□ NO			
Previous Address	City	State: Zip:		
How Long at Address? If renting, Apartment name/location	1	Phone: ()		
Landlord/mgr's name		Alternate Phone: ()		
Why did you leave?				
Employer #1:	Position:	How Long?		
Address		_ Employer Phone: ()		
Gross Monthly Income before deductions: \$				
Employer #2:	Position:	How Long?		
Address		Employer Phone: ()		
Gross Monthly Income before deductions: \$ Other Income	come: \$	Source:		
Former Employer:	Position:	How Long?		
Address		Phone: ()		
Range of monthly rent you can afford?				
How much do you have for the Down Payment Plus				
How soon can you move in?				
Extra Amount Toward Home Each Month?	(I	n addition to your rent payment to build equity)		
Applying for a specific home? If Yes, give address				

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

Bank	Branch	Acct #(s)	Checking: []: Savings []: Loan [
City		StateApprox.]	Balance \$ How Long?
Bank	Branch_	Acct #(s)	Checking: []: Savings []: Loan [
City		StateApprox. 1	Balance \$ How Long?
Other Active Credit Ref:		Account #	Exp. Date:
Type of Account:	Credit Limit: \$	How Long?	Are all payments current? YES □: NO □:
Other Active Credit Ref:		Account #	Exp. Date:
Type of Account:	Credit Limit: \$	How Long?	Are all payments current? YES □: NO □:
Other Active Credit Ref:		Account #	Exp. Date:
Type of Account:	Credit Limit: \$	How Long?	Are all payments current? YES □: NO □:
Have you ever been evicted? Y	ES □: NO □: Have you ev	ver had a repossession? YES	□, Date: NO □: (if Yes, explain below)
Have you ever had a foreclosure	e? YES □, Date: NO □: 1	If Yes, explain:	
Do you have any unpaid studen	t loans? YES □: NO □: If Yes, how n	nuch is the total? \$	
Is your paycheck currently bein	ng garnished? YES □: NO □: If Yes, l	now much? \$	If Yes, explain:
Have you ever filed for bankrup	otcy? YES □, Date:	NO □: (if Yes, explain belo	ow) If yes, Chapter 7 □ or Chapter 13 □?
If YES, has the bank	ruptcy been discharged? YES □: NO	D □: If YE	ES, when discharged?
Have you ever been convicted o	f a crime, other than a traffic violation?	YES □: NO □:	
If you answered YES	to any of the above questions, explain:		
LIST ALL OF YOU	R CURRENT MONTHLY	OBLIGATIONS B	ELOW:
	ans, Student Loans, Credit Card F		
Рау То:		Total Amou	nt Due: \$ Monthly Payment: \$
Рау То:		Total Amou	nt Due: \$ Monthly Payment: \$
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PERSONAL RE	<u>FERENCES</u> - List	two persons, other tha	n your relatives, th	at we may contact to ve	rify your cha	ıracter.
				Phone: (
				State		
				Phone: (
Address		City		State	_ Zip	
EMERGENCY - :	In an emergency you	may contact (List two,	other than spouse/	roommate, nearest relati	ives first)	
Name			Relationship	Phone: ()	
Address		City		State	_ Zip	
Name		·	Relationship	Phone: ()	
Address		City		State	_ Zip	
		OTHER IN	FORMATION			
OTHER PERSON	S (INCLUDING C	CHILDREN) WHO	WILL LIVE IN	THE PROPERTY		
Name						
Name			Name			
Pets: Name	Type	Weight lbs.	Name	Type	Weight	lbs.
Do you have: Vacuum	cleaner 🗆: Lawn mo	ower □: Water bed □	: Musical instrum	ents □: Does anyone sn	aoke? Yes □]: No □:
List all motor vehicles,	including recreational	l vehicles, to be kept at t	he property:			
MAKE	MODEL	COLOR	YEAR	LICENSE PLAT	TF #	STATE
VIAINE	MODEL	COLOR	IEAN	LICENSE I LAT	Lπ	SIAIL
						
How Did You H	lear About Us?					
E de deservado e 4 do e e	1:4:	1.4. 4	-4 J.T.b	1	C	
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credit extended. I	further authorize	Management or the	ir Authorized A	agents to verify the a	pplication	informatio
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				of the application a		
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	on given on the ap	•	culately termin	ate any agreement e	ntereu me	, ili ichan
-pon miomioi mati	on given on the ap	P. P				
<u> </u>				D		
Signature		Date		Print Name He	re	