



**RESIDENT HOME MANAGER APPLICATION**

**Background Information**

Full Name: \_\_\_\_\_

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

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever been known by another name? \_\_\_ Yes \_\_\_ No

If yes, what name? \_\_\_\_\_

Are you under 21? \_\_\_ Yes \_\_\_ No

How long at current address? \_\_\_\_\_

Current Landlord: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

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

How long at previous address? \_\_\_\_\_

Current Landlord: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Current Employer (company name): \_\_\_\_\_

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

Company Address: \_\_\_\_\_

Length of Employment: \_\_\_ Supervisor's Name: \_\_\_\_\_

Gross Monthly Income: \$\_\_\_\_\_

**Spouse Information (if applicable)**

Full Name: \_\_\_\_\_

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

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever been known by another name? \_\_\_ Yes \_\_\_ No

If yes, what name? \_\_\_\_\_

Are you under 21? \_\_\_ Yes \_\_\_ No

Current Employer (company name): \_\_\_\_\_

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

Company Address: \_\_\_\_\_

Length of Employment: \_\_\_ Supervisor's Name: \_\_\_\_\_

Gross Monthly Income: \$\_\_\_\_\_

Company Address: \_\_\_\_\_

**Additional Questions**

What date would you be available? \_\_\_\_\_

Would you be able to perform the essential functions of a Residence Manager? \_\_\_ Yes \_\_\_ No

Do you or your spouse smoke? \_\_\_ Yes \_\_\_ No

Do you have pets? \_\_\_ Yes \_\_\_ No

Do you or your spouse operate a home-based business? \_\_\_ Yes \_\_\_ No

If yes, do you require meeting clients in your home? \_\_\_ Yes \_\_\_ No

Have you or your spouse ever been convicted of a crime? \_\_\_ Yes \_\_\_ No

If yes, please explain:

\_\_\_\_\_

Have you or your spouse ever lost your residence through foreclosure proceedings? \_\_\_ Yes \_\_\_ No

If yes, please explain:

\_\_\_\_\_

Have you or your spouse ever filed for bankruptcy? \_\_\_ Yes \_\_\_ No

If yes, please explain:

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Have you or your spouse submitted insurance claims for damages to any property you occupied?

Yes  No

If yes, please explain (include date of claim):

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Number of Adults who will reside in managed property: \_\_\_\_\_

Please list Name(s) Adults:

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Number of Children who will reside in managed property: \_\_\_\_\_

Please list Name(s) & Age(s) of Children:

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Number of automobiles to be garaged at managed property: \_\_\_\_\_

Please list Make, Model & Year:

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**Other**

How did you hear about *Empty Home Solutions LLC*? Mailing  Ad  Website  Friend

Other

Do you plan on buying a home in the near future?  Yes  No

Do you know of someone who may be interested in joining our Home Manager team?  Yes  No

If yes, please give name and contact information:

Name: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_

**References**

**Personal References**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Bank References**

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How long? \_\_\_\_\_

**Business/Credit References**

1.) \_\_\_\_\_ Account#/Contact: \_\_\_\_\_

2.) \_\_\_\_\_ Account#/ Contact: \_\_\_\_\_

3.) \_\_\_\_\_ Account#/ Contact: \_\_\_\_\_

**In case of an accident or emergency, whom should we notify?**

Name: \_\_\_\_\_ Phone: \_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Empty Home Solutions, LLC Notification and Agreement**

Our obligation as service providers to Home Owners and Real Estate Agents requires that we qualify or disqualify Home Manager applicants based on various criteria. These criteria include, but may not be limited to, the style, quality, and quantity of furnishings and accessories possessed by the applicant that are required to furnish and decorate vacant properties that are on the market for sale. Whether approval is granted will be at the sole discretion of the staff of *Empty Home Solutions LLC* and may be based on the applicant's ability to provide the required items and display them in the home in a manner and timeframe required by *Empty Home Solutions LLC* for the purpose of creating a model home-like setting to enhance the salability of the property.

Historical credit and criminal background information, as well as the accuracy or inaccuracy of submitted information, may also be used to determine whether an applicant may or may not qualify as an *Empty Home Solutions LLC* Home Manager. In any case, *Empty Home Solutions LLC* reserves the right to refuse an applicant for any reason it deems appropriate.

Additionally, if admitted into the *Empty Home Solutions LLC* Home Manager program, I understand that should any of the information provided herein change as to effect my performance as a Home Manager, at *Empty Home Solution's* LLC sole discretion, I may be removed from the program.

**It is the policy of *Empty Home Solutions LLC* to provide equal opportunity to all applicants without regard to race, color, religion, sex, handicap, familial status, pregnancy, national origin, or any other characteristics protected by Federal, State, or Local law.**

I (we), the undersigned applicant(s), do hereby certify that the information provided in this application is true, accurate, and to the best of my (our) knowledge. Photographs of applicant's furniture and the Home Manager contract will be maintained by *Empty Home Solutions LLC* and will reside at the *Empty Home Solutions LLC* office as a complete file record. All the information in this application is personal and confidential and will not be disclosed. By signing this application form, you authorize *Empty Home Solutions LLC* to investigate through a separate agency your employment, credit references, motor vehicle record, state and/or local criminal records and consumer credit records. Attached is a separate authorization and release form for this purpose.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant's Signature

Spouse's Signature

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_



## **HOME MANAGER COSTS**

### **Application Fee**

This is a one-time, non-refundable, fee to cover expenses incurred by *Empty Home Solutions LLC* in performing appropriate background checks of each Home Manager applicant.

### **Liquidated Damages Deposit**

Similar to a security deposit in an apartment, this deposit carries over from property to property being managed by Home Manager and will be refunded back to you as long as there are no damages or fees owed to *Empty Home Solutions LLC* upon exiting the program.

### **Monthly Fee**

**The monthly fee is due on the 1st of every month. Late fees will be charged for late payments.**

### **Renter's plus Personal Liability Insurance**

Each Home Manager must initiate and maintain throughout the term of their participation in the program renters plus personal liability insurance with *Empty Home Solutions LLC* as a named additional insured with notice of any change to the policy.

### **Credit Report**

Each Home Manager, as part of the application process, is required to provide *Empty Home Solutions LLC* a recent (within the past 30 days) copy of their credit report. There are several available sources to obtain this credit report free of charge, including [www.freecreditreport.com](http://www.freecreditreport.com).

### **Other Costs**

- All utilities in a home (gas, electricity, water, sewer, cable)
- All utilities in a condo or townhome NOT covered by a Home Owners Association
- Lawn Maintenance\*
- Pool Service\*
- Telephone\*
- Professional Cleaning Service required on move out (We cover 2 per year for you.)
- Moving expenses. (We pay \$600 a year to cover some of your expenses. 2 moves x \$300)

\*If applicable



**AUTHORIZATION AND RELEASE FORM**

I hereby authorize **Empty Home Solutions LLC** to receive any criminal history and credit information pertaining to me which may be in the files of any state or local criminal justice agency or any other civil agencies for the purpose of obtaining verification.

Please print your information below clearly so it can be accurately read.

**Date:** \_\_\_\_\_

**Applicant Legal Name:**

\_\_\_\_\_  
(Last Name) (Middle Name) (First Name)

**Current**

**Address:** \_\_\_\_\_

(Street) (Suite or Apt. #) (City/State/Zip)

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Driver's License No.:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

**Signature x** \_\_\_\_\_

**Spouse Legal Name:**

\_\_\_\_\_  
(Last Name) (Middle Name) (First Name)

**Current**

**Address:** \_\_\_\_\_

(Street) (Suite or Apt. #) (City/State/Zip)

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Driver's License No.:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

**Signature x** \_\_\_\_\_