## **Handi House Rent to Own Application**

## Please complete all appropriate sections.

Area's with " \*" must be completed to be approved.

	First Name	Last Name		First Name	Last Name
Customer Name (lessee) *			Spouse Name		
SSN # *			SSN#		
Driver license # *			Driver license #		
Address ( Delivery ) *					
Address ( mailing ) *					
Employer *					
Work phone					
Home Phone					
Other Phone					
Email					
Do you Rent or Own property where building is being delivered"? * Rent Own (circle one)					
If renting must provide Landlord Information.					
Name of Landlord					
Landlord phone					
Landlord Address					
Family or Friend Info. * ( alternate local contact ) ( This information is required in the event we can't reach Applicant. May not reside at same location as applicant )					
Name *					
Phone *					
Address					
Relationship *					
The undersigned certify that all statements made herein are true and complete, and are to be relied upon by dealer and /or assignee to extend this rent to own program.					

Signature