



Thank you for wanting to apply for our Rent to Own Home.

- ✓ Complete all the below information thoroughly
- ✓ Return via email at support@homebuyersinventory.com
- ✓ Or in Person When You Meet Our Local Realtor

To Schedule an Appointment to See Our Rent to Own Homes in Your Area
Call 330-277-5160



Disclosure And Authorization For Consumer Reports

Disclosure

In connection with my application for employment (including contract or volunteer services) or application for tenancy with KEBREA Holdings, LLC, at 2780 South Jones Boulevard Suite 200-3862 Las Vegas NV 89146, I understand consumer reports will be requested by you (“Company”). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above- mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Background Screeners of America (“Agency”), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information and the Agency, on Company’s behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: www.wescreenusa.com

California, Minnesota and Oklahoma Residents:

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

I have read and I understand this page.



Applicant Initials

California Applicants:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

New York Applicants:

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____(initial if this applies).

Washington Applicants:

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

Please complete all of the fields below:

I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

Last Name:		First:		Middle: Please check box if you do not have a middle name. <input type="checkbox"/>	
Social Security #:			Date of Birth:		
Email: (This is a required Field)					
Current Address:			Previous Address:		
Street:		Street:			
Apt or Unit #:		Apt or Unit #:			
City:	State:	Zip:	City:	State:	Zip:
Drivers Lic. #:			State Issuing:		
Former Name/Alias:					

X _____
Applicant Signature

Date: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567- 8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

Applicant Copy

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>

Applicant Copy



Paperwork Checklist

Adult 1: _____ Adult 3: _____
 Adult 2: _____ Adult 4: _____

A PHOTOSTAT COPY OF MY (OUR) DRIVER'S LICENSE(S) OR PICTURE IDENTIFICATION CARD(S), SOCIAL SECURITY CARD(S), LATEST PAY CHECK STUB(S) AND LAST YEARS W-2(S) AND COPY(IES) OF LAST YEARS INCOME TAX RETURN(S) AND BANK STATEMENTS. ARE ATTACHED TO THE APPLICATION [] , OR WILL B PROVIDED [] within 48 hours.

CHECKLIST – BRING PAPERWORK FOR EVERYONE OVER 18 YEARS OF AGE		
<input type="checkbox"/>	PHOTOSTAT COPY OF MY (OUR) DRIVER'S LICENSE(S) OR PICTURE IDENTIFICATION CARD(S)	
<input type="checkbox"/>	FULL BANK STATEMENTS WITH TRANSACTIONS - 3 MONTHS	
<input type="checkbox"/>	SOCIAL SECURITY CARD(S)	
<input type="checkbox"/>	LATEST PAY CHECK STUB(S) – 3 MONTHS	In addition, if you are self- employed a notarized letter stating how much you make.
<input type="checkbox"/>	LAST YEARS W-2(S) OR COPY(IES) OF LAST YEARS INCOME TAX RETURN(S)	
<input type="checkbox"/>	CURRENT LANDLORDS ADDRESS	
<input type="checkbox"/>	PREVIOUS LANDLORDS IF LESS THAN 2 YEARS AT A CURRENT ADDRESS	

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

In consideration of solicitation of my application for lease of premises, I, _____ and _____ do hereby give my consent to KEBREA Holdings LLC, to investigate my background and qualifications for purposes of evaluating whether I am qualified for the home for which I am applying. I understand that KEBREA Holdings, LLC will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice.

A non-refundable application fee of \$50.00 per person/per name over the age of 18, reservation/lease purchase fee of **\$1000.00** are required for processing the application and is being paid herewith. This Rental Application Receipt Agreement must be signed by all adults (anyone 18 or older) who will occupy the property before the Application can be considered by Management. The undersigned expressly agree that if Application is approved, they herewith agree to purchase the **property located at:**

ADDRESS: _____, CITY: _____, **Viewing Address**

STATE: _____, ZIP: _____

Applicant(s) further agree that if Applicant(s) are accepted by Management and then decide, for any reason, not to move into the premises, default or neglect to fully execute the lease purchase option for any reason, then all monies paid herewith shall be retained as liquidated damages. Processing of Application shall be timely as possible and the results may be delivered via telephone, fax or mail. Once approved, Applicant(s) agree to pay the balance of funds and complete the paperwork within 48 hours, otherwise, Management will assume that Applicant(s) have decided to forfeit the reservation/lease purchase fee. If Applicant(s) are not approved, all monies given herewith, less application fee shown above, shall be returned to Applicant. If applicant is approved a lawyers fee, in cash or cashier's check made out to the lawyer will be brought to the lawyers office, at the time of lease option paperwork signing. You will be required to set up ACH Deposit with our mortgage servicing company who will charge you up to \$75 one-time set up and \$20 a month processing. This will be paid directly to the mortgage servicing company that we will help you set up. If you want us to report you through Rental Karma, you will be required at your expense to set up a tenant/landlord account. We are happy to report your payments on a monthly basis to assist in increasing your credit.

I (we) declare that the Application is complete, true and correct and I (we) herewith give my (our) permission for anyone contacted to release the credit or personal information of any of the undersigned Applicant(s) to Management and their Authorized Agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I (we) further authorize Management or their Authorized Agents to verify all application information including but not limited to contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the Application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of the Application, or Management may be at any time immediately terminate any Agreement entered into in reliance upon misinformation given on the Application.

/WE HAVE BEEN PROVIDED A COPY OF THIS APPLICATION RECEIPT AGREEMENT AND HEREWITH AGREE TO THE TERMS STATED HEREIN. ACCEPTANCE OF APPLICATION AND ANY MONIES HEREWITH ARE NOT BINDING UPON MANAGEMENT UNTIL APPLICATION IS APPROVED BY MANAGEMENT.

Signed: _____ Date: _____

Applicant (Print Name): _____ Social Security Number: _____
DOB: _____ Drivers License # _____ Email Address: _____
Phone # _____

Signed: _____ Date: _____

Applicant (Print Name): _____ Social Security Number: _____
DOB: _____ Drivers License # _____ Email Address: _____
Phone # _____

Current Address: _____ City _____ State _____ Zip Code _____

Previous Address if You Have Not Lived at Current Address for 3years: Street _____
City _____ State _____ Zip Code _____

Personal References: Name: _____, Phone: _____
Relationship: _____, Address: _____

Personal References: Name: _____, Phone _____
Relationship: _____, Address: _____

Personal References: Name: _____, Phone _____
Relationship: _____, Address: _____

Receipt of \$ _____ from Applicant(s) is herewith acknowledged.
IC Signature _____ Date: _____

Employment Verification

All tenants are required to keep Employment Verification up to date. Please fill out and sign the form below where requested to do so and return via email to support@homebuyersinventory.com or fax to 1-866-848-4236.

To be filled out by Tenant

Tenant Name: _____

Property Address: _____

Current Employer Information

Start Date: _____

Employer name: _____

Address: _____

Phone number: _____

Contact Person: _____

Email: _____

My Monthly Gross Wages: _____

Do you expect this information to change in the next 12 months? _____

If so, please send updated information to the above email or fax number.

Employment Verification Authorization

I authorize the Landlord to conduct an inquiry for the purposes of employment verification I further authorize my employer to verify the employment information I have provided above and to comment on it further to the extent the employer believes the information is right or wrong. I hold both the Landlord and my employer harmless for any claims against them for filling out this form, commenting on the form, or any discussions regarding this form and its subject matter.

Tenant

Date

Self Employed

Anyone Self-Employed: Please fill out and have notarized

My Company name: _____

Address: _____

Phone number: _____

Email: _____

EIN # or Tax ID #: _____

My company is: (DBA, LLC, Corp, Independent Contractor) _____

If Independent Contractor, I work for: _____

Contact Person: _____

Phone # _____

My Monthly Gross Wages: _____

Time employed, in months and years: _____

Print Your Name: _____

Signature (Do not sign until in front of a notary)

ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

I certify that I know or have satisfactory evidence that _____, is the person who appeared before me, and said person acknowledged that they signed this instrument, on oath stated that he/she is authorized to execute the instrument and acknowledged it to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated: _____ day of _____,

Notary Public in and for the State of _____

My commission expires: _____