

DEPOSIT RECEIPT AGREEMENT

Address Applied For: _____

This receipt acknowledges that a deposit of \$_____ has been paid to Management for the above address. Management will process the application as quickly as possible and the results may be delivered via telephone, fax or email. By signing below, Applicant(s) give permission for anyone contacted to release the credit or personal information of Applicant(s) to Management or their authorized agents. This includes permission to contact present or former landlords and employers, whether listed on application or not, as it pertains to any agreement entered into with Management. Applicant(s) understand that any false information on the application for this address will constitute grounds for immediate termination of any agreement between the parties below.

The Applicant(s) herewith agree to owner finance, lease/option, rent or purchase said property if the application is approved. Applicant(s) agrees to accept this property "as is" and acknowledge that no other work will be done to the property by Management. If for any reason management does not approve Applicant(s), all monies given will be returned to Applicant(s). Once Applicant(s) are approved by Management, all monies will be forfeited as liquidated damages should Applicant(s) decide, for any reason, not to move into the premises. Once approved, Applicant(s) agree to pay the balance of funds and complete the paperwork on or before the closing date listed below. If funds are not paid by closing date, Management will assume that Applicant(s) has decided to forfeit the deposit payment unless agreed in writing by both parties.

I/We have been provided a copy of this Deposit Receipt Agreement and agree to the terms stated herein. Acceptance of application and any monies given are not binding upon Management until application is approved by Management.

DUE TO CLOSE ON OR BEFORE _____, **2016**

Full Name: _____ Social Security Number: _____

Present Address: _____ City: _____ State _____ Zip: _____

Full Name: _____ Social Security Number: _____

Present Address: _____ City: _____ State _____ Zip: _____

Full Name: _____ Social Security Number: _____

Present Address: _____ City: _____ State _____ Zip: _____

Applicant Signature: _____ Print Name: _____

Date: _____

Do Not Write Below This Line - To Be Filled Out By Management

Earnest Money Receipt of \$_____ from applicant is herewith acknowledged.

As _____ Agent Date: _____