
Trio

Financial Application

HOW TO GET STARTED

Thank you for your interest in Trio home financing. We're happy to help you get started with the approval process. There are two ways to submit your 3-page application:

By electronic submittal:

- Complete all three pages of the document
- Check the "Signature" boxes on pages 2 and 3 —this serves as an electronic signature
- Save PDF as "TrioApplication" to your desktop
- Email application as an attachment to apply@thinktrio.com

By fax:

- Fill out the application on your computer, or
- Print out the application and complete by hand
- Complete all three pages of the document
- Sign and date the application
- Fax to 1-855-FAX-TRIO (1-855-329-8746)

Our team at Trio can start working on your approval right away. We strive to review all applications within 48 hours of receipt. Once approved, Trio customers can choose from quality homes, town home and condos in desirable neighborhoods, making monthly payments that are lower than a mortgage, and locking in an option to buy during or at the end of their lease. So get started now. Between renting and owning, there's a place for you.

Trio Financial Application



Applicant(s)

1 Applicant

Name: _____
(First, Middle, Last)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone (w/area code): _____

Work Phone (w/area code): _____

Number in Family: _____

2 Co-Applicant/Spouse

Name: _____
(First, Middle, Last)

Following information same as Applicant (1)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone (w/area code): _____

Work Phone (w/area code): _____

Housing Information

Length of time at current address*: _____

Current Monthly Payment: \$ _____

If renting:

Landlord: _____

Landlord Phone (w/area code): _____

When does your current lease expire? _____

Following information same as Applicant (1)

Length of time at current address*: _____

Current Monthly Payment: \$ _____

If renting:

Landlord: _____

Landlord Phone (w/area code): _____

When does your current lease expire? _____

* If less than 2 years at current residence please provide previous landlord contact information.

Financial Information

Social Security #: _____

Birth Date (mm/dd/yyyy): _____

Drivers License #: _____ State: _____

Gross Monthly Income: \$ _____

Social Security #: _____

Birth Date (mm/dd/yyyy): _____

Drivers License #: _____ State: _____

Gross Monthly Income: \$ _____

Employment Information

Current Employer Name: _____ Current Employer Name: _____
Address: _____ Address: _____
Position: _____ Position: _____
Length of Employment*: _____ Length of Employment*: _____
Supervisor: _____ Supervisor: _____
Company Contact: _____ Company Contact: _____
Phone (w/area code): _____ Phone (w/area code): _____

Other Information

When would you like to move? _____ General Desired Area: _____
Desired Monthly Payment: \$ _____
Have you ever been convicted of a felony or misdemeanor? ___ Yes ___ No
If Yes, Please explain: _____
Any outstanding liens or collections? _____
Have you filed for bankruptcy or had a home foreclosure in the last 3 years? _____

Additional Requested information

*As part of our process we will request a copy of two forms of ID and current paystubs or job offer letter. If your employment history is under two years we will require complete employment history of your prior employers.

Credit Card Authorization

I authorize Cascadia Equity Leasing LLC to charge my credit card for payment of the program application fee. I understand that the amount to be charged is \$45.00 per applicant for a one-time non-reimbursable application fee. We accept Visa or Mastercard.

Visa Mastercard

Card Number: _____ Exp. Date (mm/yy): _____ CCV: _____

Name: (Print name as it appears on card) _____

Checking the box next to "Signature" and "Co-Applicant Signature" below is the equivalent of an electronic signature.

Signature: _____ Date Signed: _____
(CHECK BOX FOR ELECTONIC SIGNATURE or SIGN HERE) (mm/dd/yyyy)

Cardholder Address: _____

City: _____ State: _____ Zip: _____ Phone (w/area code): _____

Application Certification & Authorization

I certify the information provided above to be true and correct and hereby authorize Cascadia Equity Leasing LLC and its affiliates (Cascadia) to verify my past and current employment earnings, bank accounts and other asset balances that are needed to estimate my eligibility. I further authorize Cascadia to order a consumer credit and background report and verify other credit and expense information. I understand that applying to Cascadia's program does not obligate me to enter the program if I am approved. I understand that Cascadia may share my information with screening professionals of affiliated companies, title holders of properties I may qualify to lease. Cascadia will not share your information with other organizations for marketing or any other purpose. I understand that I have provided Cascadia the application fee used to cover the expenses associated with processing my application. For information on Cascadia's Privacy Policy, see www.trioequity.com.

Checking the box next to "Applicant Signature" and "Co-Applicant Signature" below is the equivalent of an electronic signature.

Applicant Signature:

Co-Applicant Signature:

_____ Date: _____
(CHECK BOX FOR ELECTONIC SIGNATURE or SIGN HERE) (mm/dd/yyyy)

_____ Date: _____
(CHECK BOX FOR ELECTONIC SIGNATURE or SIGN HERE) (mm/dd/yyyy)

Certification of Compliance for Use of Investigative Consumer Reports for Lessee Screening Purposes

Pursuant to the Fair Credit Reporting Acts, 15 U.S.C: Section 1681, Et Seq., as amended and RCW 19.182, Et Seq., as amended (collectively "federal and state law"), the undersigned lessee screening user certifies that the investigative consumer report requested to be supplied on the attached application is for lessee screening purposes only: that the lessee screening user has complied with the disclosure requirements of federal and state law, as amended, by making clear and conspicuous disclosure in writing to the lessee applicant that an investigative consumer report may be obtained for lessee screening purposes and the lessee applicant has authorized such procurement in writing on a document that consists solely of such disclosure; and that pursuant to federal or state law, as amended, that the lessee screening user shall not use the investigative consumer report in violation of any other applicable federal or state fair housing, or equal opportunity law or regulation, and that the lessee screening user shall not take adverse action against the lessee applicant based in whole or in part on the investigative consumer report without providing the name, address and telephone number of ACRAnet CBS Branch as listed below.

Checking the box next to "Authorizing Signature" below is the equivalent of an electronic signature.

Consumer Reporting Agency:
ACRAnet CBS Branch
P.O. Box 5393
Spokane, WA 99205-0393
Phone: Local, (509) 324-1287, Watts: 1-800-572-3218 Ext. 1287

Notice of Intent' to Obtain an Investigative Consumer Report For Lessee Screening Purposes

The undersigned applicant is hereby notified that Cascadia may obtain an investigative consumer report for lease purposes. Such report may include: information as to character, general reputation, personal characteristics, mode of living, history of criminal convictions, employment, credit and/or rental history. Applicant acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such a request will be mailed or otherwise delivered to applicant within five days from the date of the applicant's request for disclosure or such report was first requested by Cascadia whichever is later.

Checking the box next to "Applicant Signature" and "Co-Applicant Signature" below is the equivalent of an electronic signature.

Authorizing Signature(s):

Applicant Signature:

Co-Applicant Signature:

_____ Date: _____
(CHECK BOX FOR ELECTONIC SIGNATURE or SIGN HERE) (mm/dd/yyyy)

_____ Date: _____
(CHECK BOX FOR ELECTONIC SIGNATURE or SIGN HERE) (mm/dd/yyyy)