

QualityFirst Home Marketing
A division of McCarthy Holthus Real Estate Corp.
4th Avenue San Diego, CA 92101

Residential Marketing Contractor Application

Name: _____

Address: _____

City/ State/ Zip: _____

Home Phone: _____ Work Phone: _____

Cell/Mobile Phone: _____ Email: _____

Additional contact information: _____

List all persons living with you currently:

Name: _____

Birth date: _____ SS# _____

Relationship: _____

Cell Phone: _____ DL# _____

Name: _____

Birth date: _____ SS# _____

Relationship: _____

Cell Phone: _____ DL # _____

Name: _____

Birth date: _____ SS# _____

Relationship: _____

Cell Phone: _____ DL# _____

Name: _____

Birth date: _____ SS# _____

Relationship: _____

Cell Phone: _____ DL# _____

Name: _____

Birth date: _____ SS# _____

Relationship: _____

Cell Phone: _____ DL# _____

How long have you lived at your current address: _____

If less than 3 years list prior addresses and dates: _____

Current rent: _____ when does your current contract expire: _____

Current utility expenses: _____

When would you like to enter the program: _____

How many rooms of furniture for you currently have? _____, are you willing to purchase or rent furnishings you do not currently own? _____.

Please describe the style of furniture you currently own? (i.e., contemporary, traditional, formal, casual): _____

What is the age of your furniture: _____

Below is a list of rooms that may need to be furnished in QualityFirst Homes.

Please check each room you have furniture for and the approximate size room you could furnish.

Formal Living Room _____, Formal Dining Room _____,

Kitchen Dining _____, Den/Family Room, _____

Master Bedroom _____, Study/Library: _____

Bedrooms: _____

Spa/Fitness: _____ Patio: _____

Style of Bedding and linens: _____

It is necessary that each room have accessories to enhance the home's marketability such as art work, plants, lamps, rugs, vases etc. The linens used in the home must positively reflect the home. All visible items in the home must meet the QualityFirst standards.

Please list additional accessories you current have: _____

If you do not have the acceptable accessories, bedding or linens are you willing to purchase them? _____

Due to the nature of the contractor's relationship with QualityFirst it is important to understand the reasons why you would like to consider becoming a Residential Marketing Contractor. Please describe why this working relationship would be beneficial for you. _____

Please supply photos of your furniture or furniture you would have available to use if needed for a QualityFirst Home Marketing as a Residential Marketing Contractor.

Do you have any Pets? _____ Are any home members smokers? _____
Do you have any preferences for areas to live in i.e. schools districts or job requirements?

Have you or any person residing in your home been evicted or forced to vacate your home for any reason? Yes / No . If Yes please give a brief explanation of the circumstances: _____

Have you or any person residing in your home been convicted of a felony? Yes / No
If yes please explain: _____

Are you or any of the persons residing in your home involved in a lawsuit or bankruptcy?
Yes / No . If yes please explain: _____

Are you currently operating a business out of your home? Yes / No . If yes please describe your business: _____

Personal References

Name: _____ Relationship: _____

Contact information: _____

Name: _____ Relationship: _____

Contact information: _____

Name: _____ Relationship: _____

Contact information: _____

Landlord

Current Landlord: _____

Contact information: _____

Employment Information

Employer: _____ Occupation: _____

Contact information: _____

Employer: _____ Occupation: _____

Contact information: _____

Emergency Information

Name: _____ Relationship: _____

Contact information: _____

I the undersigned applicant(s) do hereby attest that the information provided in this application is true and accurate to the best of my (our) knowledge and if approved as a sub-contractor for the QualityFirst Home Marketing program; this form, photos and contract will be retained by QualityFirst Home Marketing on file. After the interview I understand that I (we) will be required to authorize QualityFirst to do a background check in order to continue with the application process.

Name: _____ Date: _____
Signature of applicant: _____

Name: _____ Date: _____
Signature of applicant: _____

Interviewed by: _____ Date: _____

Approved by: _____ Date: _____

Background check fee: _____	Date Paid: _____
Program fee: _____	Date Paid: _____
Deposit: _____	Date Paid: _____
Monthly fee: _____	Date Paid: _____
Contract signed: _____	
Projected move in date: _____	

Fees must be paid in full prior to move in. Monthly fees are due by the first of the month. Deposit is refundable within 10 days of vacating a property according to the contract. Deposit may be transferred from property to property when new property contracts are signed by sub-contractors.

Please send all communication and fees to:

QualityFirst Home Marketing
A division of McCarthy Holthus Real Estate Corp
4th Avenue San Diego, CA 92101
Attn: Mary Heineke, Director
Direct Phone: (619) 955-1539

BACKGROUND CHECK AUTHORIZATION

I authorize McCarthy Holthus Real Estate or it's agent to perform a background/credit report. As part of the approval process for a position as a sub-contractor in the QualityFirst Home Marketing program.

Please supply the following information for each person over the age of 18 that will be participating in the QualityFirst Home Marketing Program.

Name: First _____ Middle: _____ Last: _____

Alias Names: _____

Social Security Number: _____

Current Address: _____

Rent Current Rent: _____

Landlord Contact Information

Driver's License # _____

State: _____ Expiration Date: _____

Phone Number: _____

Bank information

Name: _____ Address: _____

Credit Card information

Signature: _____

Name: First _____ Middle: _____ Last: _____

Alias Names: _____

Social Security Number: _____

Current Address: _____

Rent Current Rent: _____

Landlord Contact Information

Driver's License # _____

State: _____ Expiration Date: _____

Phone Number: _____

Bank information

Name: _____ Address: _____

Credit Card information

Signature: _____