

**QualityFirst Home Marketing**  
**A division of McCarthy Holthus Real Estate Corp.**  
**4<sup>th</sup> 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  
4<sup>th</sup> 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: \_\_\_\_\_