



Pre-Screen Application Form

(011) 033 2100 admin@homesforall.co.za

Agent _____ Development _____
Details of First Applicant

Please tick where applicable "x"

Title	Mr	Mrs	Miss	Other	Language	
First Name						
Surname						
Id No						
Office no				Email		
Cell no				Number of dependants		
Income tax no				Race		

Marital Status		Single	Divorced	Married	Widowed	
Physical Address:						
Postal Address:						
How long have you been living at current address ?						
Are you a tenant or owner		Tenant	Owner	Nationality		
Employment Status		Part time	Full Time	Contract		
Name of Employer						
Occupation				Date Joined		
Work Address				Previous employment		
Next of kin name						

Cell no				Have you ever been under the following			
Address				Debt Review	Admin Order	Insolvency	Rehabilitation

Assets	Amount	Details	Liabilities	Amount	Details
property	R		Home Loan	R	
Vehicle	R		Overdrafts	R	
Other	R		Other	R	

Bank Name				Highest Qualification:		
Acc name				Account type		
Acc no				Branch		
Branch code						

Income			Expenses		
Basic Salary	R		Insurance	R	
Housing subsidy	R		Personal Loans	R	
Overtime	R		Credit cards	R	
Commission	R		retail accounts	R	
Rental income	R		Cell phone	R	
Other	R		Groceries	R	
Please specify	R		dstv/gym	R	
Salary Deductions	R		Education	R	
Net salary	R		Vehicle Installments	R	
			Petrol & Travel	R	
Total Income(net)			Other	R	
Total Surplus			Total Expenses	R	

Affordability for	R	Are you a first time home buyer ?	
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Signature



Details of Co-Applicant

Please tick where applicable "x"

Title	Mr	Mrs	Miss	Other	Language		
First Name							
Surname							
Id No							
Office no				Email			
Cell no				Number of dependants			
Income tax no				Race			
Marital Status			Single	Divorced	Married	Widowed	
Physical Address:							
Postal Address:							
How long have you been living at current address ?							
Are you a tenant or owner			Tenant	Owner	Nationality		
Employment Status			Part time	Full Time	Contract		
Name of Employer							
Occupation				Date Joined			
Work Address				Previous employment			
Next of kin name							
Cell no				Have you ever been under the following			
Address				Debt Review	Admin Order	Insolvency	Rehabilitation
Assets	Amount	Details		Liabilities	Amount	Details	
property	R			Home Loan	R		
Vehicle	R			Overdrafts	R		
Other	R			Other	R		
Bank Name					Highest Qualification:		
Acc name				Account type			
Acc no				Branch			
Branch code							
Income				Expenses			
Basic Salary	R			Insurance	R		
Housing subsidy	R			Personal Loans	R		
Overtime	R			Credit cards	R		
Commission	R			retail accounts	R		
Rental income	R			Cell phone	R		
Other	R			Groceries	R		
Please specify	R			dstv/gym	R		
Salary Deductions	R			Education	R		
Net salary	R			Vehicle Installments	R		
				Petrol & Travel	R		
Total Income(net)				Other			
Total Surplus				Total Expenses			
Total Surplus				R			
Affordability for		R	Are you a first time home buyer ?				

Signature

Consent form - Experian Credit Form

I, the undersigned: _____
[Insert consumer's full name and surname]

Identity Number: _____

Mobile: _____

Email: _____

Physical Address: _____

I do hereby appoint **BetterLife Origination Services Proprietary Limited ("my Representative")** to be my lawful representative and agent in my name, place and stead, to obtain a copy of my personal credit report ("PCR") from Registered Credit Bureau (Pty) Ltd, to be used solely for the following purposes – (a) providing me with advice or assistance with managing my credit, by having reference to the content of my PCR; (b) challenging the accuracy of information contained on my PCR; and (c) investigating information held on me by the registered credit bureau.

I consent to the Registered Credit Bureau releasing a copy of my PCR in PDF or XML format to my Representative and to my Representative having sight of the content of my PCR for the above purpose. Furthermore, I consent to my Representative providing all personal information provided by me to it in relation to accessing my PCR to the registered credit bureau for purposes of updating my credit record.

My Representative may request my PCR from the registered credit bureau on condition that s/he undertakes: (a) not to store, host, retain, resell, on-sell or make available my PCR to any third party or agent, or use my PCR to compile any other databases; (b) not to amend or add any information on my PCR or deal with my PCR in contravention of any applicable laws; (c) not to use any information contained on my PCR for any other reason, save that set out in clause (a) to (c) above; (d) to destroy my PCR immediately after it has served the purpose for which it was obtained on my behalf; (e) to provide to Registered Credit Bureau with the name of all persons who will have access to my PCR for as long as it's in my Representative's possession, before it is destroyed.

I am aware that I am entitled to one free PCR per year from any registered credit bureau and that I can obtain my free PCR by contacting the credit bureau directly, either telephonically, by way of email, fax or attending on the office of the credit bureau in person. I am aware that I have the right to challenge the accuracy of any information contained on my PCR directly with a credit bureau. **Attached to this is a copy of my ID document.** I confirm that the information furnished herein to the registered credit bureau is true and correct.

Signed at _____ on this _____ day of _____

Consumer / Client Signature: _____