Individual Rent2Own Application Step-by-Step Instructions

You are applying for a Rent-to-Ownership grant program (funds that you don't have to pay back). Parameters, qualifications, and eligibility are as stated on the website at (www.consoligrant.com) and will not be altered, amended, or modified to fit individual needs or preferences.

All fields marked with an asterisk (*) are required fields. No exceptions. Your application will not submit if any are left blank.

I AM REFERRED BY

1. * Using the scroll-down arrow, choose one of the provided options to let us know how you learned about our grant program.
2. * **Name of Who Referred You**: Be specific. State "postcard" or the full name of your friend, church, radio station, website, etc. Tell us **how** you heard of us or **who** told you about us.

INDIVIDUAL RENT-2-0WN GRANTS

3. **CURRENT RENT TOTAL**
   a. * Provide the exact amount of your monthly rent payment. If you rent more than one property, please enter the combined total for your monthly rent payments.
4. **CURRENT TOTAL MONTHLY PAYMENT**
   a. * Please enter the combined, total monthly payment amount for all bills that you intend to present for coverage. In your combined total, include bill amounts from all applications you plan to submit. (To qualify for the grant program, your combined monthly payment amount for all bills presented must total a minimum of $1,000.00.)

PLEASE COMPLETE THE FOLLOWING

5. **YOUR NAME**
   a. * Provide your full, legal name
6. **YOUR STREET ADDRESS**
   a. * In the spaces provided, enter the full street address including city, state, zip, and country for the **place where you reside**
7. **CELL PHONE**
   a. * Provide your best contact phone number
8. **SOCIAL SECURITY NO.**
   a. * Provide your full social security number
9. **DRIVER'S LICENSE NO. / DL STATE OF ISSUANCE**
   a. * Provide the full number as shown on your driver's license and the state in which it was issued
10. **EMPLOYER NAME**
    a. * Provide the name of the company where you are employed. If you are retired, enter "Retired". If you are self-employed, enter "Self".
11. **SUPERVISOR NAME**
    a. * Provide the name of your direct supervisor. If you are retired, enter "Retired". If you are self-employed, enter "Self".
12. **SUPERVISOR PHONE**
    a. * Provide your supervisor's phone number and extension. If you are retired or self-employed, enter your own phone number.
13. **SUPERVISOR EMAIL**
    a. * Provide an email address for your supervisor. If you are retired or self-employed, enter your own email address.
14. **YOUR EMAIL**
    a. * Provide your best email address to receive notifications. **NOTE:** Be sure to add support@consoligrant.com to your address book to avoid losing messages to your spam or junk folders.

15. YOUR DATE OF BIRTH
    a. * Provide month, day, and year of your birthdate in 00/00/0000 format

PROPERTY 1 and PROPERTY 2

Enter separate and complete information for each property/rent to be covered. Space is provided for up to 2 properties/rentals. Use additional applications for additional properties.

16. **LANDLORD NAME**
    a. * Enter the full name of your **landlord**
17. **LANDLORD PHONE**
    a. * Enter a contact number for your **landlord**
18. **LANDLORD FAX NUMBER**
    a. * Enter a fax number for your **landlord**
19. **LANDLORD EMAIL**
    a. * Provide an email address for your **landlord**
20. **LANDLORD ADDRESS**
    a. * Provide a mailing address for your **landlord**
21. **PROPERTY ADDRESS1/PROPERTY ADDRESS 2**
    a. * In the spaces provided, enter the full street address including city, state, zip, and country, for the **property you rent/lease**
22. **ACCOUNT NUMBER**
    a. If you have an account number, enter it here
23. **CURRENT MONTHLY PAYMENT**
    a. * List the amount of your current monthly payment for your rent
24. **ORIGINATION DATE**
    a. * Enter the date that your rental agreement was initially completed and signed
25. **RENEWAL DATE**
    a. * Enter the date your rental agreement will be completed or renewable

CHECK BOXES

26. * Do you have any late pays on your account?
    a. Check **yes** or **no**
    b. If **yes**, please indicate when the late pay(s) occurred by checking the appropriate box: within the last 6 months, 6-12 months, or over 12 months
27. * Have you changed the due date of the account(s) for which you are applying in the last 12 months?
    a. Check the appropriate box to indicate any due date changes.
    b. When? If you have made a due date change(s) within the last 12 months, please list dates for each time the date was changed.
28. * Can you provide references for your rental history?
    a. Check **yes** or **no** .
29. ***Authorized Person(s)**: Include the name, relationship, and phone number for any person(s) that you authorize to send/receive information and/or act on your behalf if you are unable to do so.

WHAT IS YOUR WHY?

* In a few sentences, tell us why you are applying for the Rent-2-Ownership Grant and what it would mean to you if you were approved for the program.

POLICY CHECK BOXES

Please check each box to indicate you understand:

30. * This Program **requires an Asset Management Fee of $99.99 per month for the duration of your program. The initial fee will be drafted with this application and every month thereafter on the anniversary date (today's date).** This fee covers 1-10 total bills in your account. If you have more than 10 bills, a fee of $9.99 per bill will be assessed.
31. *** Enter the name as it appears** on the credit card you wish to use for the Asset Management fee.

32. *** Enter the exact 16-digit credit card number.**
33. * Enter the expiration date using **a two-digit month and a four-digit year.**
34. *** Enter the 3-digit CCV code** on the back of the card.
35. * Enter the full billing address for the account holder of the card.
36. * This Program **requires a security deposit** equal to one month of your regular payment for each mortgage submitted. ALL security deposits are due with this application and will be drafted to the card listed above per your instructions here.
37. * Enter the amount of your total security deposit (one full month's payment for every debt submitted).
38. * Check ONE box only. Tell us if you prefer to:
    a. **Pay the full security deposit TODAY**;
    b. Pay ½ now and the remainder in 30 days **(NOTE: This will add one-month to your program start date);**
    c. Pay ½ in 14 days and the remainder 30 days after that **(NOTE: this will add two months to your program start date**); or
    d. Pay 1/3 with each of the first three monthly payments. **NOTE: This is the 3-year Hardship Program.**
39. * There will be a **wait period** of 90 days between the time your security deposit is paid in full and your first monthly payment to enable us to set up your account and secure your grant funds.
40. * If you have **autopay** currently set up on any of the accounts you are including in this program, you must cancel it to enable us to set up payments on our end and avoid double payments to you. **THIS IS A REQUIREMENT OF THE GRANT PROGRAMS.**
41. * The term of your Program **will not begin until your first monthly payment is paid.**
42. *** I agree to accept text messaging** and promotional and/or informational emails from ConsoliGrant, Inc. as communication platforms regarding my accounts or program status.
43. * You will be **eliminated** from the Program if **ANY payment** is not made.
44. *** This is a grant and does not have to be paid back!**

ALMOST THERE!

Please review your answers carefully for accuracy and when completed, click **submit**.

IF YOUR APPLICATION DOES NOT "SUBMIT":

Step 1) Check to make sure all required fields (*) are filled in and complete.

Step 2) Ask the person (or place) that referred you for help.

Step 3) Contact us at support@consoligrant.com.

WHAT HAPPENS NEXT?

Your Asset Management fee of $99.99 will be credited on the same day to the card you placed on file, and this will be set to recur every month. Additionally, your security deposit will be drafted as per the instructions you gave us above.

Then, watch your email. You will receive an invitation to join our secure **Asset Management portal**. Remember to add support@consoligrant.com to your address book to avoid your messages being sent to spam or junk folders.

Once the invitation is received, you will have **only 72 hours** to accept the invitation and set up your secure asset management portal. It is here that all documents will be provided to you and you will provide all documents to us. It is also here that ALL communications between us will commence. Failure to activate your portal within 72 hours will void your grant application.

Once your documents are uploaded into the Portal, your application will be assessed by our Review Board. A decision regarding your debts will be made, and you can expect a decision via email and/or text message within three business days. If you do not hear from us within three business days, please check your spam folders before contacting us.

Grant funds are limited and are available only at designated times of the year as posted by ConsoliGrant, Inc. Time is of the essence. Refer your family and friends!

Our programs are NOT credit driven.
We will NOT pull your credit report.

Our grants are NOT loans.
You do NOT have to pay back the funds we gift you.

Live **DEBT-FREE**
and enjoy the financial freedom you've dreamed of!