

H O M E T R A D I T I O N STM

Licensed Publisher

Qualifications

Form

Director of Licensed Publisher Sales Approval

Date

Applicant's Personal Facts

Name _____

Social Security # _____ Date of Birth ____/____/____ Marital Status Single Married

Address _____

City _____ State _____ Zip _____

Office Phone _____ Home Phone _____

Cell Phone _____ Email _____

Age and Number of Dependents _____

Are you a citizen of the USA? _____ If not, what country? _____

Other than a minor traffic violation, have you ever been convicted of, or pled guilty or no contest to a felony or misdemeanor? If yes, please explain: _____

Education (highest level attained)

High School College 1 2 3 4 5 Degree _____

Employment History

From – To	Company	Position	Annual Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever owned a business before? Yes No If yes, please explain: _____

Liquidity

How much capital do you have available for the purchase?

\$25,000 - \$50,000 \$50,000 - \$100,000 Over \$100,000

What is your time-frame for making the purchase?

Immediately 1-3 months 4-6 months 7-12 months Over 1 year

Co-Applicant's Personal Facts

Name _____

Social Security # _____ Date of Birth ____/____/____ Marital Status Single Married

Address _____

City _____ State _____ Zip _____

Co-Applicant's Personal Facts Continued

Office Phone _____ Home Phone _____

Cell Phone _____ Email _____

Age and Number of Dependents _____

Are you a citizen of the USA? _____ If not, what country? _____

Other than a minor traffic violation, have you ever been convicted of, or pled guilty or no contest to a felony or misdemeanor? If yes, please explain: _____

Education (highest level attained)

High School College 1 2 3 4 5 Degree _____

Employment History

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_____	_____	_____	_____
_____	_____	_____	_____
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Have you ever owned a business before? Yes No If yes, please explain: _____

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Leadership Goals

Will you have an equity partner(s)? Yes No

Will the partner(s) be active in managing the business? Yes No

Do you plan to dedicate yourself full-time to this business venture? Yes No

Please list your **Geographical Preference** for market area:

1st Choice: City _____ State _____ County _____

2nd Choice: City _____ State _____ County _____

What income level do you initially expect to earn from your business? _____

Please attach current resume(s).

Personal Financial Statement

Financial Data as of (date): _____ / _____ / _____

Assets	Amount	Liabilities	Amount
Cash on Hand	_____	Notes Payable	_____
Securities	_____	Revolving Credit	_____
IRA/Pension/401k	_____	Loans on Life Insurance	_____
Cash Surrender Value of Life Insurance	_____	Mortgages – Home	_____
Home	_____	Mortgages – Other Real Estate	_____
Other Real Estate	_____	Other Liabilities	_____
Other Investments	_____	Total Liabilities	_____
Personal Property	_____	Net Worth	_____
Other Assets	_____	Total Liabilities & Net Worth	_____
Total Assets	=====		=====

Source(s) of Annual Income

Income	Amount	Annual Expenditures	Amount
Salary	_____	Income/Other Taxes	_____
Dividends/Bonds	_____	Property Taxes	_____
Interest	_____	Mortgage or Rent Payments	_____
Rentals/Real Estate	_____	Insurance	_____
Other	_____	Alimony, Child Support	_____
		Personal Expenses	_____
Total Income	=====	Total Expenditures	=====

General Facts

- Have you ever had a repossession? Yes No
- Have you ever declared bankruptcy or had a judgment against you? Yes No
- Are you a party to a lawsuit or other claims? Yes No
- Have you been a party to an IRS audit in the last 3 years? Yes No

Disclosure Statement

I certify that all the information in this Licensed Publisher Qualifications Form is true and correct. By completing and signing this Form, you, nor Home Traditions Publishing, Inc. is obligated to any financial commitment or contract term.

However, in accordance with The Fair Credit Reporting Act, The Freedom of Information Act and The Privacy Act, Home Traditions Publishing, Inc. may, at its sole discretion, investigate the information contained within.

“I authorize Home Traditions Publishing, Inc. to verify my background, credit and character in order to evaluate the information and my qualifications for being awarded a Home Traditions publishing license. I authorize all parties contacted on behalf of Home Traditions Publishing, Inc to release the requested information.”

Applicant's Name _____

Signature _____ Date _____

Applicant's Name _____

Signature _____ Date _____