

Application for Residency

**** ALL OCCUPANTS OVER THE AGE OF 18 ARE REQUIRED TO COMPLETE APPLICATION.**

HOW DID YOU HEAR ABOUT US: _____

WHAT SIZE HOME ARE YOU LOOKING FOR: _____

Applicant Full Name: First: _____ Middle: _____ Last: _____

Social Security No.: _____ Date of Birth: _____

Present Address: _____ How Long: _____

City / State: _____ Zip Code: _____

Home Phone/Cell Number: _____

Email Address: _____

Co-Applicant Full Name: First: _____ Middle: _____ Last: _____

Social Security No.: _____ Date of Birth: _____

Present Address: _____ How Long _____

City / State: _____ Zip Code: _____

Home Phone/Cell Number: _____

Email Address: _____

Applicant: Have you ever been convicted of a felony?

Yes ___ No ___ If yes, explain, provide details and year of Occurrence _____

Co-Applicant: Have you ever been convicted of a felony?

Yes ___ No ___ If yes, explain, provide details and year of Occurrence _____

Have you or Co-Applicant ever filed Bankruptcy? Yes ___ No ___ If yes, Please provide date filed and date Dismissed or Discharged _____

Co-Applicant Employment Information

Employer: _____ Position: _____

Telephone No.: _____ Monthly Gross Income: _____

Time on Job: _____ If less than a year on current job please provide previous

Employer information. Previous Employer: _____

Position: _____ Time on job: _____

Co-Applicant Income Information (Need Proof of All income)

Name of Bank or Financial Institution you have account with: _____

Average Monthly Balance: _____

Amount of any other Monthly Income you may receive: _____

Source of "Other" income listed: _____

Any garnishments against your paycheck: Yes ___ No ___ If yes, Amount per month _____

Do you pay child support: YES ___ NO ___ If yes, Amount paid Monthly _____

Do you own your vehicle: YES ___ NO ___ If no, Amount of Monthly Payment _____

Occupancy Information - Copy of a valid ID is required from everyone over age 18

Number of People to Occupy Home: _____

Please list all occupants other than Applicant and Co-Applicant by full name, relationship and date of birth.

Vehicle Information (We provide parking for (2) vehicles)

***Camper's, Boats, Construction Trailers, Utility Trailers are not allowed in community. ***

Please include vehicle make/model/Year/Color

Applicant Rental History (must have good contact info to verify current or past references, other than a family member or friend)

Company Name & Telephone No.: _____

Did you give proper notice to vacate: Y ___ N ___ Do you have any evictions: Y ___ N ___

Dates Lived at Address: _____ Monthly Rent: _____

Co-Applicant Rental History

Company Name & Telephone No.: _____

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Do you own your vehicle: YES ___ NO ___ If no, Amount of Monthly Payment _____

PETS MUST BE APPROVED BY MANAGEMENT

No more than (2) pets are allowed. There is a pet fee for each pet.

Do you have any pets? Yes ___ No ___ Number of pets _____

Breed/ color/ weight of pets:

Contact in Emergency - (Family Member or Friend)

Applicant:

Name/Relationship: _____

Phone No. (_____) _____ Cell No. _____

Co-Applicant:

Name/Relationship: _____

Phone No. (_____) _____ Cell No. _____

PLEASE INITIAL:

_____ I certify that all the information on this application is true, correct, and understand that Any falsification on this application may be grounds to deny acceptance into the Mobile Home Community or reasonable grounds for eviction proceedings.

_____ I authorize the Mobile Home Community Management to verify any and all information Offered in this application.

_____ I understand that if any of the information cannot be verified, the Mobile Home Community Management has the right to deny my application.

_____ I acknowledge that I have read and understand the Mobile Home Community's Guidelines or Rule's and Regulations.

_____ I understand that upon acceptance of this application for residency, I, along with the other occupants and guests of my home, will abide by all of the Mobile Home Community's Guidelines or Rules and Regulations while living in the Mobile Home Community.

_____ I authorize the Mobile Home Community Management to perform a criminal Background Check.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature (if applicable): _____ Date: _____

Along with your application we will need at least 2 current pay stubs showing year to date total, and 4 pay stubs will be better.

A copy of your driver's license or State ID

A copy of your social security card or if you do not have that, a copy of the first page of your 1040 tax return.

There is a \$30 non-refundable application fee.