

Prop Code: _____

APPLICATION FOR RESIDENCY

*Please fill out each section of the application. Incomplete applications will not be processed.
Each applicant over the age of 18, must fill out an application.

PERSONAL INFORMATION

NAME OF PERSON MAKING APPLICATION: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____
(AREA CODE) (NUMBER)

PRESENT ADDRESS: _____
(NUMBER & STREET) (CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____

DRIVER LICENSE NUMBER: _____ STATE ISSUED: _____

PLEASE LIST ALL OTHER PERSON (S) WHO WILL BE OCCUPYING HOMESITE:

NAME: _____ NAME: _____

RELATIONSHIP TO APPLICANT: _____ RELATIONSHIP TO APPLICANT: _____

SOC. SEC. NUMBER: _____ SOC. SEC. NUMBER: _____

BIRTHDATE: _____ BIRTHDATE: _____

DRIVER LIC. NUMBER: _____ DRIVER LIC. NUMBER: _____

NAME: _____ NAME: _____

RELATIONSHIP TO APPLICANT: _____ RELATIONSHIP TO APPLICANT: _____

SOC. SEC. NUMBER: _____ SOC. SEC. NUMBER: _____

BIRTHDATE: _____ BIRTHDATE: _____

DRIVER LIC. NUMBER: _____ DRIVER LIC. NUMBER: _____

RESIDENCY INFORMATION

PRESENT LANDLORD OR MORTGAGE CO: _____

ADDRESS: _____
(NUMBER & STREET) (CITY) (STATE) (ZIP CODE)

PHONE NUMBER: _____

DATES OF RESIDENCY: FROM _____ TO _____

MONTHLY RENT OR MORTGAGE PAYMENT: _____

Prop Code: _____

IF PRESENT ADDRESS IS LESS THAN FIVE YEARS:

PRIOR LANDLORD OR MORTGAGE CO. _____

ADDRESS: _____
(CITY) (STATE) (ZIP CODE)

PHONE NUMBER: _____
(AREA CODE) (NUMBER)

DATES OF RESIDENCY: FROM _____ TO _____

MONTHLY RENT OR MORTGAGE PAYMENT: _____

HAVE YOU EVER BEEN ASKED TO TERMINATE YOUR RESIDENCY ELSEWHERE, OR HAVE YOU EVER BEEN EVICTED?

YES _____ NO _____

IF YES PLEASE EXPLAIN: _____

CURRENT EMPLOYMENT

APPLICANT: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____
(NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)

POSITION WITH COMPANY: _____ GROSS MONTH SALARY: \$ _____

IMMEDIATE SUPERVISOR: _____ LENGTH OF EMPLOYMENT: YRS _____ MO _____

IF EMPLOYMENT IS LESS THAN ONE YEAR:

PREVIOUS EMPLOYER:

EMPLOYER: _____ PHONE: _____

ADDRESS: _____
(NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)

POSITION WITH COMPANY: _____ GROSS MONTH SALARY: \$ _____

SUPERVISOR: _____ LENGTH OF EMPLOYMENT: YRS _____ MO _____

Prop Code: _____

OTHER INCOME

PLEASE INCLUDE PENSIONS, SOCIAL SECURITY, INTEREST, INVESTMENTS OR ANY OTHER MONTHLY INCOME HERE:

PENSION : _____ SOCIAL SECURITY: _____

INTEREST INCOME: _____ INVESTMENTS INCOME: _____

OTHER MONTHLY INCOME: _____ SOURCE: _____

OTHER MONTHLY INCOME: _____ SOURCE: _____

FINANCIAL

NAME OF BANK: _____ CITY: _____ ACCT. NO. _____

_____ CHECKING _____ SAVINGS _____ LOAN _____

VEHICLES

NUMBER OF AUTOMOBILES(s) _____ BOAT(s) _____ OTHER _____

FOR YOUR PROTECTION, WE MUST HAVE COMPLETE DESCRIPTIONS OF ALL VEHICLES:

MAKE: _____ MODEL: _____ YEAR: _____ LICENSE NO.: _____ STATE: _____

FINANCED BY: _____ ADDRESS: _____

FINANCE COMPANY'S PHONE: _____
(AREA CODE) (PHONE NUMBER)

MAKE: _____ MODEL: _____ YEAR: _____ LICENSE NO.: _____ STATE: _____

FINANCED BY: _____ ADDRESS: _____

FINANCE COMPANY'S PHONE: _____
(AREA CODE) (PHONE NUMBER)

Vehicles continued

MAKE: _____ MODEL: _____ YEAR: _____ LICENSE NO.: _____ STATE: _____

FINANCED BY: _____ ADDRESS: _____

FINANCE COMPANY'S PHONE: _____
(AREA CODE) (PHONE NUMBER)

Prop Code: _____

REFERENCES

BUSINESS: NAME: _____ CITY: _____ PHONE: _____

NAME: _____ CITY: _____ PHONE: _____

PERSONAL: NAME: _____ CITY: _____ PHONE: _____

NAME: _____ CITY: _____ PHONE: _____

EMERGENCY CONTACT INFORMATION

PERSON (S) TO NOTIFY IN CASE OF AN EMERGENCY (OTHER THAN CO-RESIDENT)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE/ZIP _____

PHONE: _____

(AREA) (PHONE NUMBER)

PETS

IF YOU HAVE DOG (S) AND/OR CAT (S), PLEASE PROVIDE THE FOLLOWING INFORMATION:

| NAME | AGE | TYPE | COLOR/DESCRIPTION | HEIGHT/WEIGHT |
|------|-----|------|-------------------|---------------|
|------|-----|------|-------------------|---------------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

The undersigned represents and warrants that the above information is true and correct. The management has permission to verify any information offered on the application.

The undersigned understands that in the event that the management of the Park cannot verify any of the above information, that the management of the Park has the right to deny the application. The undersigned further understands that prospective Resident(s) shall have no rights to residency until the Park management and the prospective resident(s) have signed a Rental Agreement.

Signature: _____ Date: _____