RENTAL APPLICATION

- Each adult (18 or older) must fill out a separate application (if any information is the same as co-applicant, write "same" on one of the applications)
- There is a <u>non-refundable</u> fee of \$20/adult to apply

- A copy of your driver's license (or state issued ID) and paystub must be submitted with your application
- A credit, criminal and eviction background check will be processed and all references (job, credit, personal) will be contacted and verified.

NAME OF PARK:			Da	ATE:		
LOT NUMBER:			OR BD/BTH WANTED:			
APPLICANT INFORMATIO	N					
First Name:			SSN:			
Middle Name:			DOB:			
Last Name:			DL# & State:			
Phone:			Email:			
Current Street Address:						
City:	State:					
Current Landlord:		Phone:				
Monthly Payment:		Dates of Residency (from/to):				
Reason for Move:						
Previous Street Address:						
City:	State:			Zip Code:		
Previous Landlord:		Phone:				
Monthly Payment:		Dates of Residency (from/to):				
Reason for Move:						
ALL OTHER PROPOSED O	CCUPAN	NTS (U	NDER 18 YEAI	RS OLD)		
Name: Rela			tionship:		DOB:	
Name: R			Relationship:		DOB:	
Name:	Relati		onship:		DOB:	
Name: Relation		onship:		DOB:		
EMPLOYMENT HISTORY						
Present Employer:			Dates of Employment (from/to):			
Supervisor's Name:			Phone:			
Job Title:		Gross Monthly Salary:				
Pay Period (weekly, bi-weekly,	semi-moi	nthly, et	tc.):			
Employer's Street Address:						
City, State, Zip:						
Previous Employer:		Dates of Employment (from/to):				
Supervisor's Name:		Phone:				
Job Title:			Gross Monthly	Salary:		
Employer's Street Address:						
City, State, Zip:						

OTHER SOURCE(S) OF INCOME								
Source:			Amo	Amount:				
Source:			Amount:					
PET INFORMATION (The park allows some pets under 25lbs and no more than two per home.)								
Type (dog, cat,				Breed:				
Weight:				Age:				
Type:				Breed:				
Weight:			Age:					
CREDIT HIST	ORY							
Account Type	Bank/Institution Name			Balance Owed/Monthly Payment				
Credit Card								
Auto Loan								
Other								
Other								
CREDIT REFI	ERENCES (Any r	ecurring mon	thly bill	s you pay)				
Name:				Street Address:				
City:		State:	Zip:	Zip:		Phone:		
Name:		\\		reet Address:				
City:		State:	Zip:			Phone:		
Name:			Street Address:					
City:		State:	Zip:			Phone:		
PERSONAL R	EFERENCES							
Name:			Street Address:					
City:		State:	Zip:			Phone:		
Name:		Stree	Street Address:					
City:		State:	Zip:			Phone:		
GENERAL INFORMATION (if yes, explain)								
Have you ever been served a late rent notice? Y N				Have you ever been evicted or asked to move? Y N				
II CLICI I COMPONE ON CANA				H				
Have you ever filed for bankruptcy? When? Why? Y N			Have you ever been convicted of a felony, etc.? Y N					
Do you have any current garnishments or judgments? Y		N	How long do you think you'll be renting from us?					
When would you be able to move in?				How did you hear about our park?				
Do you know anyone else looking for a place to live? If you refer them and they're approved, you could be eligible for a referral rent credit! Please give us their name and phone number.								
I hereby submit this application to lease property and certify that this information is correct. I authorize contact of								
any references that I have listed. Leatherize I esser to verify the above statements, including that not limited to the								

I hereby submit this application to lease property and certify that this information is correct. I authorize contact of any references that I have listed. I authorize Lessor to verify the above statements, including, but not limited to, the use of criminal, eviction and credit information agencies. It is expressly understood and agreed that the undersigned has not relied upon any statements, representations, agreements, or warranties by Lessor, its agents or employees. No agreement to lease shall exist between the undersigned and the Lessor unless such agreement be in writing, executed by an authorized representative of the Lessor and delivered to the Lessee. This application evidences preliminary negotiations only and Lessor and the undersigned shall both retain, in their sole discretion and for any reason whatsoever, the right to enter into or not enter into a lease with the other.

Applicant's Signature:	Date:
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LANDLORD REFERENCE CHECK

Prospe	ect Name:		
Prospe	ect Current Address:		
Prospe	ect Authorization for release of information from previous landlord:		
Prospe	ect Signature	Date	
	OFFICE USE ONLY		
Questi	ons for Current/Previous Landlord:		_
Dates	of Tenancy: From: To:		
1.	Did the previous tenant pay the rent? Y/N		
	What was the monthly rent amount?		
2.	Did they pay it on time? Y/N		
	If no, how many times were they late?		
3.	Did they do a good job of taking care of the rental property? Y/N		
	If no, explain:		
4.	Did they ever violate any lease or community rules? Y/N		
	If yes, explain:		
5.	Was the unit clean and in good order when this tenant left? Y/N		
	If no, explain:		
6.	Was this person disruptive towards other tenants or neighbors? Y/N		
	If yes, explain:		
7.	Did the Landlord ever try to evict the tenant? Y/N		
	If yes, why?		
8.	Would the Landlord rent to this tenant again? Y/N		
	If no, explain:		
Name	of Landlord/Agent:		
Phone	Number:		
*Pleas	e fax back to 888-717-2563 or email back to:		
Thank	z you!		