APPLICATION FOR RESIDENCY COMMUNITY INFORMATION - For Office Use Only

COMMUNITY INFORMATION – For Office use Only						
Community Name						
Home Street Address			Site #			
Home Transfer Inspection Completed ☐ Yes ☐ No			Anticipated	Anticipated Move In Date		
Monthly Site Payment \$ The site Application Fee \$ 50.00 PEASON Deposit: \$			e rent is scheduled to increas	e per the le	ase agreement.	
Application Fee \$ 50.00 l	_ Security I	Deposit: \$	Pet Fee: \$ Other	er: \$	·	
APPLICANT			CO-APPLICANT			
FULL NAME – Last, First, Mid	ldle		FULL NAME – Last, First, Mid	dle		
Birth Date (mm/dd/yyyy)	irth Date (mm/dd/yyyy)		Birth Date (mm/dd/yyyy)		,	
Social Security #			Social Security #			
Driver's License State			Driver's License State			
Driver's License Number:			Driver's License Number:			
(Please attach copy)		·	(Please attach copy)			
Gender: 🗆 Male 🗈 Female	Marital Sta □ Single □ Separa	□ Married	Gender: 🗆 Male 🗖 Female	Marital Sta □ Single I □ Separa	☐ Married	
APPLICANT'S RESIDENCE 3 Years Of Residence History Required. Attach Supplement, If Needed			CO-APPLICANT'S RESIDENCE 3 Years Of Residence History Required. Attach Supplement, If Needed			
Current Street Address		Current Street Address (if different from applicant)				
		•				
City, State, Zip Code County		City, State, Zip Code County				
Home Phone #	Mobile Ph	ione #	Home Phone #	Mobile Ph	one #	
Mailing Address (if different from physical address)			Mailing Address (if different from applicant)			
Name of Landlord (if applicable)			Name of Landlord (if different from applicant)			
Landlord Phone # (if applicable)			Landlord Phone # (if different from applicant)			
How long at present address? Yrs Mos.			How long at present addre	988 ? Yı	rs Mos.	
Choose One: ☐ Single Family Home ☐ Live with Friends/Family ☐ MH Home ☐ Apartment ☐ Other		Choose One: ☐ Single Family Home ☐ Live with Friends/Family ☐ MH Home ☐ Apartment ☐ Other				
Current Monthly Payment \$ * If homeowner, what do you intend to do with existing home?			(Current Monthly Payment) \$* * If homeowner, what do you intend to do with existing home?			
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PREVIOUS ADDRESS If current address is less than 3 years			PREVIOUS ADDRESS If current address is less than 3 years			
		Years			Years	
City State 7in Code		Months	City, State, Zip Code		Months	
City, State, Zip Code		County	City, state, zip Code		County	
Name of Landlord			Name of Landlord			
Landlord Phone #	,		Landlord Phone #			
	Al	DDITIONAL OCC	UPANT INFORMATION			
Full Name			Social Security #		Relationship	

Do You Have Any Pets? 🏻	Yes 🗆 No				······································	
If YES, please complete ou	ır Pet Registr	ation Form. Pet F	ee Required for each pet.			
	PLOYMENT		num of 3 years. Attach s		···	
(1) Current Employer		Position He	eld/Occupation	Date St	arted	
Self Employed? □ Yes □ No		Supervisor	Supervisor Name / Phone #			
Address		City, State	City, State, Zip Code		Income \$ Per	
(2) Second or Previous Employer		Position He	Position Held/Occupation		Date Started	
Self Employed? ☐ Yes ☐ No		Supervisor	Supervisor Name / Phone #		Date Left	
Address		City, State	City, State, Zip Code		Income \$ Per	
(3) Previous Employer		Position He	Position Held/Occupation		Date Started	
Self Employed? ☐ Yes ☐ No		Supervisor	Supervisor Name / Phone #		Date Left	
Address		City, State	City, State, Zip Code		Income \$ Per	
(B) (CO-APPLIC	ANT'S EMPLOYM	ENT HISTORY (Minimum o	of 3 years)		
(1) Current Employer		Position He	Position Held/Occupation		Date Started	
Self Employed? ☐ Yes ☐ No		Supervisor	Supervisor Name / Phone #			
Address		City, State	City, State, Zip Code		Income \$ Per	
(2) Second or Previous Employer		Position He	Position Held/Occupation		arted	
Self Employed? □ Yes □ No		Supervisor	Name / Phone #	Date Left		
Address		City, State	City, State, Zip Code		Income \$	
					Per	
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(3) Previous Employer	Position	Held/Occupation	Dat	Date Started	
Self Employed? ☐ Yes ☐ No	Supervisor Name / Phone #			Date Left	
Address	City, State, Zip Code			Income \$	
HOME INFORMATION Seller Name (Purchase Agreement with Seller must be attached)				attached)	
Seller Name (Purchase Agreement with Se	ller must b	e attached)			
Property will be my: ☐ Primary Residence ☐ Non-primary Residence					
Will you require financing to purchase you	r home?	☐ Yes ☐ No Home Will I	Be Financed By	/:	
Will this manufactured home/mobile home If NO, please explain:					
Home Purchase Price \$	A	mount of Down Paymen	† \$		
Make/Year		Size x			
Serial #		# of Bedrooms	# of Bedrooms		
Sales Associate Name					
Is home being relocated? ☐ Yes ☐ No (Manager	nent Approval and Photo	ographs Requi	red)	
		Q & A	1		
Check YES or NO to each question, for App			Applicant	Co-Applicant	
If the answer is YES to any of the following of the follo	CADE2110112	10-01, piedse expidiri.	☐ Yes ☐ No	D Yes 🗆 No	
Are you a permanent resident aller	Jŝ		□ Yes □ No	D Yes 🗆 No	
Have you ever been evicted or sued by a landlord? If YES, please			☐ Yes ☐ No	o □ Yes □ No	
explain:			Date:	Date:	
4. Have you declared bankruptcy within the last 10 years? If YES,			□ Yes □ No	o □ Yes □ No	
please explain:			Date:	Date:	
5. Have you had any judgments, repossessions, garnishments, or other			□ Yes □ No	O Yes No	
legal proceedings filed against you in the past 7 years? If YES,					
please explain:			Date:	Date:	
0. 110.0 100 0			□ Yes □ No Date:	Date:	
E-MAIL ADDRESS (Required for Notifications)					
Applicant Email Address					
Co-Applicant Email Address					
EMERGENCY INFORMATION					
Notify in Case of Emergency - CONTACT PERSON #1 Phone #1 Phone #2 Relationship					
Notify in Case of Emergency - CONTACT PERSON #2 Phone #1 Phone #2 Relationship					
		E INFORMATION	*		
Auto #1: Year Make Model License Plate #					
Auto #2: Year Make Model License Plate #					
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HOW DID YOU FIND OUT ABOUT OUR COMMUNITY?					
HOW DID YOU FIND OUT ABOUT OUR COMMUNITY?					
☐ Family/Friend				Han Cammuni	4. ,
Website/Social Media				the Communi	ıy
☐ Reputation of the Community ☐ Billi	ooard 🗆 Flyer 🗆 F	Radio Ad	Other	······································	
No residency is created by the signification shall be regard agreement said funds shall be con	ded as a holding (deposit c	and not as security de	nent is signed posit. Upon	l, all funds submitted execution of a lease
2. If accepted, Applicant will be rapplication.	otified of the ac	ceptano:	ce of application wit	hin ten (10)	days of the date of
3. Community Owner reserves the writing and will receive a full refund	ight to deny app d of all monies po	olication. aid as hol	Upon request, Appl ding deposit within to	icant will be en (10) days	advised of denial in of application.
4. This application is for the specific unit stated on the face of this application. Upon acceptance, the unit will be reserved for Applicant, and that unit will be made available to the Applicant as of the move-in date. The initial rental term shall commence on said move-in date. Community Owner and its agents shall not be liable if Applicant is unable to enter into and occupy the premises on the date specified, or for any reason not within the control of Community Owner or its agents (including delays due to construction, holding over by prior resident, etc.).					
5. Upon notification by Community Owner, Applicant agrees to sign a lease agreement prepared in accordance with the terms of this applications and drawn upon the standard lease form used by Community Owner. The lease agreement is a contract between Applicant(s) and the owner of the property to be occupied.					
6. Applicant(s) recognizes that all facilities are for the exclusive use of Residents of the Community. If accepted as a Resident, Applicant(s) agree to abide by the terms specified within the lease agreement, including all rules and regulations which may be made part of the lease agreement or set forth by Community Owner as Community Owner deems appropriate and necessary.					
7. Community Owner shall not be obliged to keep the holding deposit as a separate fund. Applicant agrees that the full monthly rent (including Community-billed utility charges) is to be paid on or before the due date each month as stated within the lease agreement. The holding deposit may not be directed by Applicant as payment of rent.					
8. Please advise whether credit and/or criminal history should be investigated under another name. It is a crime to intentionally falsify information on the application.					
9. If any application is cancelled, in writing, you will receive a refund of all monies paid as holding deposit. Application fees are non-refundable.					
I (we) hereby warrant to the truth of this Application for Residency in its entirety. Further, I (we) recognize that the falsification of information on this application may be grounds for denial of acceptance into this community or grounds for eviction proceedings. I (we) hereby authorize management to perform a credit history investigation to verify the above reported information pertaining to my (our) credit and financial responsibility. I (we) authorize Management to use the above information to obtain a criminal background history as part of qualification for residency.					
Applicant Signature	Date	Co-	Applicant Signature		Date
Printed Name			ed Name		
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PRIVACY POLICY FORM					
Community Management policy is to NOT of parties outside this community,					
Community Management requests authorized form to the Resident/Homeowner Associations, only:	ion and residents of this corri	Morniny for the following			
Community Resident Phone Book or Directory; Community Newsletter; Pictorial Directory; Resident/Homeowner Association website; and social media outlets. The Resident/Homeowner Association may use your information to promote the community.					
Check (√) 'YES' or 'NO' below to authorize	the use of your personal info	ormation.			
YES. Community Management is authorized to release information I have provided on this form with the Resident/Homeowner Association and other residents of this community for the uses listed above.					
☐ NO. I decline authorization to release in Resident/Homeowner Association or res	information I have provided called sidents of this community.	on this form with the			
RESIDENT PRINT NAME	RESIDENT SIGNATURE	DATE			
RESIDENT PRINT NAME	RESIDENT SIGNATURE	DATE			
		The state of the s			
Community Name:					
Owner Occupant Resident Name:		4			
·					
Address:		Site #:			
City, State, Zip:					
Phone #:					
Anniversary:	Birthday(s):				
Out of State Address:					
City, State, Zip:					
Email Address:					
Email Address:					