

## APPLICATION FOR RESIDENCY

### COMMUNITY INFORMATION – For Office Use Only

Community Name \_\_\_\_\_

Home Street Address \_\_\_\_\_ Site # \_\_\_\_\_

Home Transfer Inspection Completed  Yes  No      Anticipated Move In Date \_\_\_\_\_

Monthly Site Payment \$ \_\_\_\_\_ The site rent is scheduled to increase per the lease agreement.

Application Fee \$ 50.00 <sup>PLEASE</sup> Security Deposit: \$ \_\_\_\_\_ Pet Fee: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

APPLICANT		CO-APPLICANT	
<b>FULL NAME – Last, First, Middle</b>		<b>FULL NAME – Last, First, Middle</b>	
Birth 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: <i>(Please attach copy)</i>		Driver's License Number: <i>(Please attach copy)</i>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated
<b>APPLICANT'S RESIDENCE</b> 3 Years Of Residence History Required. Attach Supplement, If Needed		<b>CO-APPLICANT'S RESIDENCE</b> 3 Years Of Residence History Required. Attach Supplement, If Needed	
<b>Current Street Address</b>		<b>Current Street Address</b> (if different from applicant)	
City, State, Zip Code		City, State, Zip Code	
County		County	
Home Phone #	Mobile Phone #	Home Phone #	Mobile Phone #
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 address? ____ Yrs. ____ Mos.	
<b>Choose One:</b> <input type="checkbox"/> Single Family Home <input type="checkbox"/> Live with Friends/Family <input type="checkbox"/> MH Home <input type="checkbox"/> Apartment <input type="checkbox"/> Other		<b>Choose One:</b> <input type="checkbox"/> Single Family Home <input type="checkbox"/> Live with Friends/Family <input type="checkbox"/> MH Home <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____	
Current Monthly Payment \$ _____ <i>* If homeowner, what do you intend to do with existing home?</i>		(Current Monthly Payment) \$ _____ <i>* If homeowner, what do you intend to do with existing home?</i>	

PREVIOUS ADDRESS If current address is less than 3 years		PREVIOUS ADDRESS If current address is less than 3 years	
Previous Street Address	How long? ____ Years ____ Months	Previous Street Address	How long? ____ Years ____ Months
City, State, Zip Code	County	City, State, Zip Code	County
Name of Landlord		Name of Landlord	
Landlord Phone #		Landlord Phone #	

ADDITIONAL OCCUPANT INFORMATION			
Full Name	Birth Date (mm/dd/yyyy)	Social Security #	Relationship

Do You Have Any Pets?  Yes  No  
 If YES, please complete our Pet Registration Form. Pet Fee Required for each pet.

APPLICANT'S EMPLOYMENT HISTORY - (Minimum of 3 years. Attach supplement if needed)		
<b>(1) Current Employer</b>	Position Held/Occupation	Date Started
Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name / Phone #	
Address	City, State, Zip Code	Income \$ _____ Per _____
<b>(2) Second or Previous Employer</b>	Position Held/Occupation	Date Started
Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name / Phone #	
Address	City, State, Zip Code	Income \$ _____ Per _____
<b>(3) Previous Employer</b>	Position Held/Occupation	Date Started
Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name / Phone #	
Address	City, State, Zip Code	Income \$ _____ Per _____

(B) CO-APPLICANT'S EMPLOYMENT HISTORY (Minimum of 3 years)		
<b>(1) Current Employer</b>	Position Held/Occupation	Date Started
Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name / Phone #	
Address	City, State, Zip Code	Income \$ _____ Per _____
<b>(2) Second or Previous Employer</b>	Position Held/Occupation	Date Started
Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name / Phone #	
Address	City, State, Zip Code	Income \$ _____ Per _____

<b>(3) Previous Employer</b>	Position Held/Occupation	Date Started
Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name / Phone #	Date Left
Address	City, State, Zip Code	Income \$ _____ Per _____

**HOME INFORMATION Seller Name (Purchase Agreement with Seller must be attached)**

**Seller Name (Purchase Agreement with Seller must be attached)**

Property will be my:  Primary Residence  Non-primary Residence

Will you require financing to purchase your home?  Yes  No Home Will Be Financed By: \_\_\_\_\_

Will this manufactured home/mobile home be owner occupied?  Yes  No  
If NO, please explain:

Home Purchase Price \$ \_\_\_\_\_ Amount of Down Payment \$ \_\_\_\_\_

Make/Year	Size ____ x ____
Serial #	# of Bedrooms _____ # of Bedrooms _____

Sales Associate Name

Is home being relocated?  Yes  No (Management Approval and Photographs Required)

**Q & A**

Check YES or NO to each question, for Applicant and/or Co-Applicant If the answer is YES to any of the following Questions (3-6), please explain.	Applicant	Co-Applicant
1. Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you a permanent resident alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been evicted or sued by a landlord? If YES, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
4. Have you declared bankruptcy within the last 10 years? If YES, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
5. Have you had any judgments, repossessions, garnishments, or other legal proceedings filed against you in the past 7 years? If YES, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
6. Have you or any resident in your home been convicted of a crime? If YES, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No 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
----------	----------	--------------

**VEHICLE INFORMATION**

Auto #1: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate # \_\_\_\_\_

Auto #2: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate # \_\_\_\_\_



## PRIVACY POLICY FORM

Community Management policy is to NOT disclose personal information of residents with third parties outside this community, \_\_\_\_\_.

Community Management requests authorization to release information you have provided on this form to the Resident/Homeowner Association and residents of this community for the following uses, only:

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 information.

- 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 information I have provided on this form with the Resident/Homeowner Association or residents of this community.

RESIDENT PRINT NAME	RESIDENT SIGNATURE	DATE
RESIDENT PRINT NAME	RESIDENT SIGNATURE	DATE

Community Name: \_\_\_\_\_

Owner  Occupant  Resident Name: \_\_\_\_\_

Owner  Occupant  Resident Name: \_\_\_\_\_

Address: \_\_\_\_\_ Site #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Anniversary: \_\_\_\_\_ Birthday(s): \_\_\_\_\_

Out of State Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_