

# APPLICATION FOR RESIDENCY

Park Name: Klahanne MHP  
 Home Site #: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_  
 Move-In Date: \_\_\_\_\_  
 Monthly Space Rent: \$ 675.00  
 Application Fee: \$ 35.00

**INSTRUCTIONS: FILL OUT COMPLETELY AND LEGIBLY IN BLUE OR BLACK INK!** EACH ADULT OCCUPANT MUST COMPLETE SEPARATE FORMS. APPLICATIONS WHICH ARE NOT COMPLETED FULLY OR SIGNED WILL BE REJECTED. IDENTIFICATION WILL BE REQUIRED BY MEANS OF PHOTO ID TO CONFIRM IDENTITY AND PROOF OF VALID SOCIAL SECURITY NO BY DRIVERS LICENSE, STATE ID, OR SS CARD.

APPLICANT INFORMATION				
<b>Applicant's Name</b> (full legal name)				<input type="checkbox"/> SR <input type="checkbox"/> JR <input type="checkbox"/> II <input type="checkbox"/> III
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated	Maiden Name:		Phone No. Cell No.	
Social Security #	--	--	Date of Birth	
Driver's License #		State Issued:	Expiration Date:	
Are you currently a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No      If NO, please explain:				
<b>Have you or ANYONE (regardless of age) who will be residing with you:</b>				
1) <u>Ever</u> plead guilty to, or been convicted of a crime?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) <u>Ever</u> been placed on probation, parole, or affected by the Megan Laws?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) <u>Currently</u> have an outstanding warrant for arrest?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) <u>Ever</u> been involved in ANY criminal activity?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) <u>Ever</u> been evicted or had a forcible detainer filed against you?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) <u>Ever</u> moved to avoid eviction or due to problems with other residents or a landlord?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES explain in detail:			<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT HISTORY				
Current Employer	<input type="checkbox"/> Self Employed		Phone	
Address				
Nature of Business				
Position		Start Date		
Pay Rate	\$	Per <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	Hours Wkly	
Supervisor		Direct Phone		
Source of other income				
↓ PLEASE CHECK ONE: <input type="checkbox"/> Second Employer <input type="checkbox"/> Previous Employer (If Current Less Than Three Years) ↓				
Second Employer	<input type="checkbox"/> Self Employed		Phone	
Address				
Nature of Business				
Position		Start Date	End Date	
Pay Rate	\$	Per <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	Hours Wkly	
Source of other income		Direct Phone		

RESIDENTIAL HISTORY					
Current Address				Phone #	
City		ST		ZIP	
Landlord / Mgt Co	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Family				
Landlord Phone			Alternate Phone		
Date Moved In			Current Rent Amount		
Lease Expires			Have you Given Notice?		
Reason for Move					
Prev Address					
City		ST		ZIP	
Landlord / Mtg Co	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Family				
Landlord Phone			Alternate Phone		
Date Moved In		Date Moved Out		Rent Amount	
Reason for Move					
Have you ever been evicted or refused to pay rent when due?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:					

ADDITIONAL OCCUPANT(S) <small>(Separate applications required for all adults)</small>			
Number of persons to occupy apartment:			
Name	Relationship	Date of Birth	

FINANCIAL INFORMATION		
<b>ADDITIONAL INCOME</b> (List alimony, child support, separate maintenance, or other monetary assistance. Please provide documentation or contact information for verification purposes)		
Have you ever filed bankruptcy?		When/where?

OTHER INFORMATION						
	Make	Model	Year	Color	Lic plate #	State
Vehicle #1						
Vehicle #2						
Any pets: <input type="checkbox"/> Yes <input type="checkbox"/> No      Describe Type/Age:						
Do you have or intend to maintain homeowner's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No						

REFERENCES		
Name	Relationship	Phone Number
<b>In Case of Emergency:</b>	<b>Relationship:</b>	<b>Phone:</b>

Subject to the owner's approval, the undersigned hereby makes application to lease the space described above for the term and at the rental herein set forth. As an inducement to the owner to approve this application the undersigned warrants that all of the representations set forth in this application and agreement are true. I agree that the landlord may terminate any agreement entered into reliantly or any misstatements made above.

AUTHORIZATION	
<p>I, the under-signed certify that the information given is accurate. I give my authorization to the above named Landlord and AM Rent to verify any and all information above, including but not limited to access my credit history through the national credit bureaus and/or my creditors, verify my criminal background, obtain references from current/past landlords and employers (including income verification), bank and personal references. I hold AmRent their owners, employees, their client, and my current / past landlords and employers harmless for any information shown on my report and any action taken based on that information. I understand that this report will be sent directly to the Landlord named above and that we cannot receive a copy of this report directly from the above Landlord. I understand that I am entitled to a free copy of this report from the furnisher if I am denied residency based upon information contained in this report.</p> <p>Print Name: _____</p> <p>Signature: _____ Date _____</p> <p>Email: _____</p>	

ALL PERSONS WILL BE TREATED FAIRLY AND EQUALLY WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, FAMILIAL STATUS, DISABILITY, NATIONAL ORIGIN, OR SOURCE OF INCOME.

