



EMERALD *arbor*

Residency Application – All States Except California

Date:	Community Name: Emerald Arbor	<input checked="" type="checkbox"/> A 55+ community <input type="checkbox"/> An 18 and over community <input type="checkbox"/> An all ages community	Contact:	Phone Number (w/area code)	
Site Address:	Site #:	City:	State:	Zip Code:	
Lot Rent (w/out concessions): \$ per month	Home Payment: \$ per month	Purchase Price: \$	Desired Move-In Date:		
Make:	Year:	Length/Width:	Model:	Serial Number:	Who is the Seller?
Type of Application: <input type="checkbox"/> Homeowner only <input type="checkbox"/> Lease/Lease to own <input type="checkbox"/> Seasonal Rental	Home Type: <input type="checkbox"/> New <input type="checkbox"/> Pre-Owned	Source of Home: <input type="checkbox"/> Inventory <input type="checkbox"/> Brokered <input type="checkbox"/> Retail Partner <input type="checkbox"/> Private/Other	Home Use: <input type="checkbox"/> Primary Residency <input type="checkbox"/> Secondary Residency <input type="checkbox"/> Other:		
For "Residency Only" application, indicate source of home financing:	Cash	Outside Lender (Loan #, Lender Name & Phone number):		Private Move-In	

Applicant 1

Name (Last, First, Middle):			Social Security Number:		
Date of Birth (Mo/Date/Yr):			Driver's License Number/State:		
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list:	County:	State:	<i>If you answered "Yes" to the question, please explain in the lines below.</i>

Applicant 1 Address History

Current Address:			Home Phone Number (w/ area code):		Cell Phone (w/ area code):	
City:	State:	Zip Code:	Email Address:			
How long at this address Years Months	Residency Status: <input type="checkbox"/> Own Relative <input type="checkbox"/> Rent <input type="checkbox"/> Other		Mortgage Company or Landlord Name:			
Mortgage Company or Landlord Address:			Mortgage Company or Landlord Phone Number:		Monthly Payment \$ per month	
If you have been at your current address for less than two years, please list:	Former Address:		City:	State:	Zip Code:	
Residency Status: <input type="checkbox"/> Own Rent <input type="checkbox"/> Relative Other		How long at this address? Years Months		Mortgage or Landlord (Name and Phone Number):		Monthly Payment \$ per month

Applicant 1 Employment History

Occupation:		Current Employer OR List Retired:		Phone Number:	City:	State:	Zip Code:
If Self-Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time Employed OR Retired: Years Months		Gross Income OR Retirement Income: \$ per month		If less than two years, list former Employer below:	
Occupation:		Employer:		Phone Number:	City:	State:	Zip Code:
If Self-Employed	<input type="checkbox"/> Full Time	Time Employed OR Retired: Years Months		Gross Income OR Retirement Income: \$ per month			

<input type="checkbox"/> Part Time	
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Applicant 1 Other Income

Notice: Income from alimony, child support, maintenance, and/or public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation.

Source:	Monthly Amount \$	Source	Monthly Amount \$	Source	Month Amount \$
Have you filed bankruptcy in the last 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for credit under a different name?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any judgments, repossessions, garnishments, or legal proceedings filed against you in the last 7 years?					<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered "Yes" to any of these questions, please explain in the lines below.</i>					

Applicant 2

Name (Last, First, Middle):			Social Security Number:		
Date of Birth (Mo/Date/Yr.):			Driver's License Number/State:		
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list:	County:	State:	<i>If you answered "Yes" to the question, please explain in the lines below.</i>

Applicant 2 Address History

Current Address:			Home Phone Number (w/ area code):		Cell Phone (w/ area code):
City:	State:	Zip Code:	Email Address:		
How long at this address? Years Months		Residency Status: <input type="checkbox"/> Own Relative <input type="checkbox"/> Rent Other	Mortgage Company or Landlord Name:		
Mortgage Company or Landlord Address:			Mortgage Company or Landlord Phone Number:		Monthly Payment \$ per month
If you have been at your current address for less than two years, please list:	Former Address:		City:	State:	Zip Code:
Residency Status: Own Rent Relative Other		How long at this address? Years Months	Mortgage or Landlord (Name and Phone Number):		Monthly Payment \$ per month

Applicant 2 Employment History

Occupation:		Current Employer OR List Retired:		Phone Number:	City:	State:	Zip Code:
If Self-Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time Employed OR Retired: Years Months		Gross Income OR Retirement Income: \$ per month		If less than two years, list former Employer below:	
Occupation:		Employer:		Phone Number:	City:	State:	Zip Code:
If Self-Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time Employed OR Retired: Years Months		Gross Income OR Retirement Income: \$ per month			

Applicant 2 Other Income

Notice: Income from alimony, child support, maintenance, and/or public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation.

Source	Monthly Amount \$	Source	Monthly Amount \$	Source	Month Amount \$
Have you filed bankruptcy in the last 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for credit under a different name?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any judgments, repossessions, garnishments, or legal proceedings filed against you in the last 7 years?					Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If you answered "Yes" to any of these questions, please explain in the lines below.</i>					

Financing

Total Cash Down Payment:	\$	Total Trade Equity For Down Payment:	\$
Total % of Sales Price:		Total Down Payment (Cash Down payment + Total Trade Equity):	\$

Occupants

Occupant 1						
Name (Last, First, Middle):		Social Security Number:		Date of Birth (Mo/Day/Yr):		
Current Address:		City:		State:		Zip Code:
Have you ever been convicted of a felony?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, list:	County:	State:	<i>If you answered "Yes" to the question, please explain in the line below.</i>	
o						
Occupant 2						
Name (Last, First, Middle):		Social Security Number:		Date of Birth (Mo/Day/Yr):		
Current Address:		City:		State:		Zip Code:
Have you ever been convicted of a felony?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, list:	County:	State:	<i>If you answered "Yes" to the question, please explain in the line below.</i>	

Vehicle Information			
Year:	Make:	Model:	Plate/License Number:
Year:	Make:	Model:	Plate/License Number:
Year:	Make:	Model:	Plate/License Number:

Pet Information					
Do you have any pets that will be living with you? (if permitted) <input type="checkbox"/> Y <input type="checkbox"/> No If yes, how many					
Type	Breed	Color	Weight	Height	Age

Additional Comments

General Information

1. How did you learn of this Community:

Newspapers: Name of Publication: _____ Issue: _____

Magazine: Name of Publication: _____ Issue: _____

Internet: Name of Website: _____

Referral: If so, by whom: _____

Other: Please specify: _____

Our signs Drive By Flyers

2. If this will be a second home or partial residence, what is the address of your primary residence?

Street Address	City	State	Zip Code	Phone Number
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How many months each year do you plan to live at this address within the community?

What is the reason for your move (job, relocations, change of life status, etc.)?

3. Current Home is:

- A rented apartment
- A rented house
- A rented Manufactured Home An
- owned apartment
- An owned house
- An owned Manufactured Home Living
- with a relative or friend

4. Do you own:

RV Yes No

Tent Camp Yes No

5. Have you ever lived in a manufactured housing community before? Yes No

6. If yes, what Community _____



Unless I check this box, by signing this application, I am giving Cobblestone Real Estate, and its affiliates permission to telephone and email me with information and offers on their communities and RV resorts, including memberships and other vacation projects, even if my name is on a do-not-call list.

Residency Application – All States Except California

Date:		Community Name:		<input checked="" type="checkbox"/> 55+ community <input type="checkbox"/> An 18 and over community <input type="checkbox"/> An all ages community		Contact:		Phone Number (w/area code)	
Site Address:			Site #:	City:		State:		Zip Code:	
Lot Rent (w/out concessions): \$ per month			Home Payment: \$ per month		Purchase Price: \$		Desired Move-In Date:		
Make:		Year:	Length/Width:	Model:		Serial Number:	Who is the Seller?		
Type of Application: Homeowner only Lease/Lease to own Seasonal Rental			Home Type: New Pre-Owned		Source of Home: Inventory Brokered Retail Partner Private/Other		Home Use: Primary Residency Secondary Residency Other:		
For "Residency Only" application, indicate source of home financing:			Cash	Outside Lender (Loan #, Lender Name & Phone number):			Private Move-In		

Applicant 1

Name (Last, First, Middle):				Social Security Number:			
Date of Birth (Mo/Date/Yr):				Driver's License Number/State:			
Have you ever been convicted of a felony?	Yes No	If yes, list:	County:	State:	<i>If you answered "Yes" to the question, please explain in the lines below.</i>		

Applicant 1 Address History

Current Address:			Home Phone Number (w/ area code):		Cell Phone (w/ area code):	
City:	State:	Zip Code:	Email Address:			
How long at this address Years Months	Residency Status: Own Relative Rent Other		Mortgage Company or Landlord Name:			
Mortgage Company or Landlord Address:			Mortgage Company or Landlord Phone Number:		Monthly Payment \$ per month	
If you have been at your current address for less than two years, please list:	Former Address:		City:	State:	Zip Code:	
Residency Status: Own Rent Relative Other		How long at this address? Years Months	Mortgage or Landlord (Name and Phone Number):		Monthly Payment \$ per month	

Applicant 1 Employment History

Occupation:		Current Employer OR List Retired:		Phone Number:	City:	State:	Zip Code:
If Self-Employed	Full Time Part Time	Time Employed OR Retired: Years Months		Gross Income OR Retirement Income: \$ per month		If less than two years, list former Employer below:	
Occupation:		Employer:		Phone Number:	City:	State:	Zip Code:
If Self-Employed	Full Time	Time Employed OR Retired: Years Months		Gross Income OR Retirement Income: \$ per month			

	Part Time		
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Applicant 1 Other Income

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Have you filed bankruptcy in the last 7 years?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you applied for credit under a different name?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you had any judgments, repossessions, garnishments, or legal proceedings filed against you in the last 7 years?					Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered "Yes" to any of these questions, please explain in the lines below.

Applicant 2

Name (Last, First, Middle):			Social Security Number:		
Date of Birth (Mo/Date/Yr.):			Driver's License Number/State:		
Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list:	County:	State:	<i>If you answered "Yes" to the question, please explain in the lines below.</i>

Applicant 2 Address History

Current Address:		Home Phone Number (w/ area code):		Cell Phone (w/ area code):	
City:	State:	Zip Code:	Email Address:		
How long at this address?	Residency Status:		Mortgage Company or Landlord Name:		
Years Months	Own Relative Rent Other				
Mortgage Company or Landlord Address:			Mortgage Company or Landlord Phone Number:		Monthly Payment \$ per month
If you have been at your current address for less than two years, please list:	Former Address:		City:	State:	Zip Code:
Residency Status:	How long at this address?		Mortgage or Landlord (Name and Phone Number):		Monthly Payment \$ per month
Own Rent Relative Other	Years Months				

Applicant 2 Employment History

Occupation:		Current Employer OR List Retired:		Phone Number:	City:	State:	Zip Code:
If Self-Employed	Full Time	Time Employed OR Retired:		Gross Income OR Retirement Income:		If less than two years, list former Employer below:	
	Part Time	Years	Months	\$ per month			
Occupation:		Employer:		Phone Number:	City:	State:	Zip Code:
If Self-Employed	Full Time	Time Employed OR Retired:		Gross Income OR Retirement Income:			
	Part Time	Years	Months	\$ per month			

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				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you had any judgments, repossessions, garnishments, or legal proceedings filed against you in the last 7 years?					Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered "Yes" to any of these questions, please explain in the lines below.

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Total % of Sales Price:		Total Down Payment (Cash Down payment + Total Trade Equity):	\$

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Occupant 2					
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Year:	Make:	Model:	Plate/License Number:
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Pet Information					
Do you have any pets that will be living with you? (if permitted) <input type="checkbox"/> Y <input type="checkbox"/> No If yes, how many					
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- Magazine: Name of Publication: _____ Issue: _____
- Internet: Name of Website: _____
- Referral: If so, by whom: _____
- Other: Please specify: _____
- Our signs Drive By Flyers

If this will be a second home or partial residence, what is the address of your primary residence?

Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____

How many months each year do you plan to live at this address within the community?

What is the reason for your move (job, relocations, change of life status, etc.)?

Current Home is:

- A rented apartment
- A rented house
- A rented Manufactured Home An
- owned apartment
- An owned house
- An owned Manufactured Home Living
- with a relative or friend

Do you own:

- RV Yes No
- Tent Camp Yes No

Have you ever lived in a manufactured housing community before? Yes No

If yes, what Community _____

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