

SPACE # _____

DESERT PALMS MOBILE HOME ESTATES

APPLICATION FOR RESIDENCY

55+MCOMMUNITY

REFERRED BY: Friend ___ Advertisement ___ Other ___

NAME(S) OF PERSONS MAKING APPLICATION _____

TELEPHONE # _____ DATE OF BIRTH _____

DATE OF APPLICATION _____ PRESENT ADDRESS _____

_____ SOCIAL SECURITY # _____

DRIVER'S LICENSE # _____ STATE _____

NAME(S) OF OTHERS WHO WILL BE OCCUPYING THE SITE _____

_____ SOCIAL SECURITY # _____

TELEPHONE # _____ DRIVER'S LICENSE# _____

STATE _____ DATE OF BIRTH _____

PREVIOUS ADDRESS _____

HAVE YOU EVER BEEN ASKED TO TERMINATE A RESIDENCY? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

PREVIOUS LANDLORD (IF APPLICABLE) _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____ IF YES, PLEASE EXPLAIN _____

APPLICATION FOR RESIDENCY

VEHICLES, NUMER OF ____ FOR YOUR PROTECTION WE MUST HAVE COMPLETE
DESCRIPTON OF ALL VEHICLES:

MAKE _____ MODEL _____ YEAR _____ LICENSE NO. _____ STATE _____

MAKE _____ MODEL _____ YEAR _____ LICENSE NO. _____ STATE _____

CURRENT EMPLOYMENT (IF APPLICABLE)

EMPLOYER _____ PHONE # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

GROSS MONTHLY INCOME _____ IF YOU ARE RETIRED, PLEASE PROVIDE YOUR
SOURCE AND AMOUNT OF FINANCIAL SUPPORT)i.e.Social Security, Retirement,etc.)

_____ \$ _____

_____ \$ _____

FINANCIAL;

NAME OF BANK _____ CITY _____ STATE _____ ZIP CODE _____

NAME OF BANK _____ CITY _____ STATE _____ ZIP CODE _____

CREDIT CARD _____ HOW LONG _____

CREDIT CARD _____ HOW LONG _____

REFERENCES:

BUSINESS: NAME, ADDRESS AND PHONE# _____

PERSONAL: NAME, ADDRESS AND PHONE # _____

APPLICATION INFORMATION

EMERGENCY CONTACTS:

NAME _____

PHONE _____

RELATIONSHIP TO
APPLICANT _____

ADDRESS _____

NAME _____

PHONE _____

RELATIONSHIP TO APPLICANT _____

ADDRESS _____