

(Each person desiring residency must complete a separate application.)

	(Cor	mmunity Nam				
	(Cor	nmunity ivan	1e)			
rsonal						
Name of Person Making Application:						
Phone Number:						
Date (of application):						
Present Address:						
				City	State	Zip
Social Security Number:						
Email:						
Name(s) of Other Person(s) Who Will B						
Relationship(s):						
Social Security Number(s):						
Driver's License Number(s)						
Present Landlord or Mortgage Co.:					Yrs	
Address:				Phone:		
Monthly Pont or Mortgago Paymont	(City)	(State)	(Zip)			
Monthly Rent or Mortgage Payment: Prior Landlord or Mortgage Co.:						
Address:		(State)		Priorie		
Monthly Rent or Mortgage Payment:						
Have you ever been asked to terminate	your resider	ncy elsewh	nere or	have you ever be	een evicted? □	Yes □
If yes, please explain:						
Have you ever lived in a mobilehome pa	ark before? [	□ Yes □	] No			
If yes, please explain:						
Address:						
Dates of Residency:						
Amount of Last Rent:						



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#### **Vehicles**

Numb	per of Automobile(s):		Boat	t(s):	Other _		
	nust have complete de						
Ma	ake:	_ Model:		_ Year:	License No.:		_ State:
Fir	nanced By:		Address: _		F	Phone:	
	ake:						
Fir	nanced By:		Address: _		F	Phone:	
Ma	ake:	_ Model:		_ Year:	License No.:	·	State:
Fir	nanced By:		Address: _		F	Phone:	
nploym	nent						
Emplo	oyer:				Phone:		
Addre	ess:			_ City		_State/ZIP:	
Positi	on:				Gross Monthly Sala	ary: \$	
Imme	diate Supervisor:			L	ength of Employm	ent: Yrs	Mos
nancial	I						
Name	e of Bank:			City:	Ac	ct. No.:	
	Checking ☐ Saving	gs □ Loan					
Name	e of Bank:			City:	Ac	ct. No.:	
	Checking ☐ Saving	gs □ Loan					
Credit	t Card:		·································	Acct. No.:		How Lon	g:
Credit	t Card:			Acct. No.:		How Lon	g:
Credi	t Card:			Acct. No.:		How Lon	g:
Net W	Vorth (from back page	):					0.00
eferenc	es						
siness:			Ci	tv·	Ph	one.	
	Name:			·y·		ono	
	Name:						
rsonal:			Ci	ty:	Ph	one:	



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Person(s) to	notify in case	of an emergen	cy (other than	n co-resident):	•	
Name:					Relationship:	
Address:					City:	
State/ZIP: _			P	hone Number	· ·	
Approved Anir	nals					
If you have dogs	and/or cats, pl	ease provide t	ne following ir	nformation:		
Name	Age	Type	Color/	Description	Height	Weight
Home or Recre	eational Vehi	cle to Occup	y Homesite	)		
Make/Model:			Net Size: L	_ength:	Width:	Height:
Year:	Breake	r Size:	amps.	License o	r Decal No.:	
Serial No.:					Value:	
Financed by:						
Current Location:	'					
Registered Owne	er Name/Addre	ss:				
Junior Lienholder	Name/Addres	ss (if any):				
						tive resident in the event the pancy, the paragraph should
minimum age r	equirement o	ofy ars of age or	ears of age older for all	or older fo other reside	r at least one resi nts. The undersign	lder persons" park with a dent and a minimum age led hereby represents that
acknowledges that	at in the event	a rental agree	ment is execu	ited by both th	ne management and	sentations. The undersigned the undersigned, it is subject as provided in the Rental

The undersigned represents and warrants that the above information is true and correct and has been made for the purpose of informing the management of the park. The management has permission to verify any and all information offered on this application. In the event of any misrepresentation by applicant, management will have grounds to cancel any agreement entered in reliance upon the misrepresentation.

Agreement.

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The undersigned understands that in the event that any of the above information cannot be verified by the management of the Park, the management of the Park has the right to deny the application. The undersigned further understands that Prospective Resident(s) shall have no rights of tenancy until a Rental Agreement has been signed by the Park management and the prospective resident(s).

APPLICANT _		
DATE	 	 

### **NET WORTH STATEMENT**

ASSETS		IN DOLLARS	L	AMOUNT	
CASH	Bank Office Name & No.	(Omit Cents)	NOTES Bank Office Name & No. PAYABLE TO BANKS		(Omit Cents)
STOCKS AND BONDS			OTHER NOTES & ACCOUNTS PAYABLE	Mobilehome Loans Sales Contracts Loans of Life Ins. Policies	-
NOTES RECEIVABLE (COLLECT- IBLE)	Relatives & Friends  Trust Deeds & Mortgages  Other		TAXES PAYABLE	Current Yr's Income Taxes Unpaid Prior Yr's Income Taxes Unpaid Property Taxes Unpaid	
REAL ESTATE	Improved Unimproved Leasehold Interest Owned		OTHER LIABILITIES	Unpaid Interest  Total Liabilities	0.00
LIFE INSURANCE	Cash Surrender Value		NET	TOTAL ASSETS	0.00
OTHER PERSONAL PROPERTY	Vehicles Other		WORTH CALCU- LATION	TOTAL LIABILITIES	0.00
	TOTAL ASSETS	0.00		NET WORTH	0.00

