

Application for Residence

PROPERTY INFORMATION: Homesite: _____ Move In Date: _____

Date of Application: _____ Screening Charge: \$ _____

Deposit: \$ _____ Rent Deposit: \$ _____

If you do not qualify to become a resident of Van Cleave Place, your deposits are returned within five (5) working days of the denial. Any screening charges are for investigative agencies and are NOT RETURNED.

RESIDENT INFORMATION: Home Phone: _____ Work Phone: _____

Primary

Name: _____ SS#: _____

D.O.B. _____ Driver License #: _____ State: _____

Secondary

Name: _____ SS#: _____

D.O.B. _____ Driver License #: _____ State: _____

RENTAL INFORMATION: Current

Present Address: _____

City: _____ State: _____ Zip: _____

Owner/Manager: _____ Phone: _____

Previous

Previous Address: _____

City: _____ State: _____ Zip: _____

Owner/Manager: _____ Phone: _____

CITIZENSHIP: Have the primary or secondary applicant:

ever filed bankruptcy?.....	YES	NO
ever been evicted?.....	YES	NO
ever been sued for non-payment of rent or damage of rental property?....	YES	NO
ever been convicted of a felony?.....	YES	NO

Revised 12/2005.

OTHER PERSONAL INFORMATION: Pet

What kind of pet? _____ Male or Female: _____
Spayed or Neutered? _____ Name of Pet: _____
Rabies Vaccination Year: _____ Tag # & State: _____

Children

List all children who will be living with you full or part time:

<u>Name of Child:</u>	<u>Male or Female:</u>	<u>Date of Birth:</u>

IN CASE OF EMERGENCY:

Contact: _____ Relationship: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____

In the event of serious illness or death, the above person is authorized to remove my home, storerooms, vehicles, mail, and any other property.

YES NO

EMPLOYMENT INFORMATION: Primary

Employer: _____ Phone: _____
How long? _____ Supervisor: _____ Pay: _____
Employer: _____ Phone: _____
How long? _____ Supervisor: _____ Pay: _____

Secondary

Employer: _____ Phone: _____
How long? _____ Supervisor: _____ Pay: _____
Employer: _____ Phone: _____
How long? _____ Supervisor: _____ Pay: _____

ADDITIONAL INFORMATION:

Email Address: _____

Would you like to receive a monthly email statement at no extra charge?

YES NO

MANUFACTURED HOME INFORMATION:

Manufacturer: _____ Model: _____

Year of Mfg. _____ Home Size (with hitch): _____ # of Bedrooms: _____

Type of Siding: _____ Type of Roof: _____

Dealer Bought From: _____

Who will set up your home? _____

NOTE: You must please furnish us a copy of your home registration, or title, or a copy of your sales contract showing you to be the owner of your manufactured home.

HOME FINANCE INFORMATION:

If Financed Personally:

Name of Seller: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

If Financed by Finance Company:

Name: _____ Loan #: _____

Branch Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

HOME AND PROPERTY INSURANCE INFORMATION:

Insurance Co. Name: _____ Agent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

PL/PD Coverage: _____

Other Coverage: _____

VEHICLES:

List all vehicles in your household below. Include motorcycles, boats and RVs.

PLEASE NOTE: Inoperable vehicles, RVs, campers, trailers, or boats may not be stored on your homesite nor on the street. RV storage spaces may be rented for this purpose.

<u>License Plate # & State:</u>	<u>Year & Make:</u>	<u>Model & Color:</u>	<u>Insured By:</u>

APPLICANT CERTIFICATION AND RELEASE:

By my Signature I declare the information given on this application to be true under penalty of perjury. By my Signature I hereby grant permission to the owner/manager and/or agents of the owner/manager to obtain Credit Reports, Criminal History, Eviction/Skip History, and all information necessary to verify information on this application. I understand that I have the right to make a written request within ten (10) days or receive information about the nature and scope of this investigation process and the findings thereof. False information given above shall entitle owner to (1.) reject this application, and (2.) retain the application fee(s) as liquidated damages for the cost, time, and effort in processing my application.

Signature of Primary Applicant

Date

Signature of Secondary Applicant

Date