



APPLICATION FOR RESIDENCY

Date of Application _____ Application for Space Number _____

PERSONAL

Applicant Name _____ Date of Birth _____

Current Address _____

Social Security Number _____ Driver's License Number _____

Other Valid Identification Document(s) _____

Current Phone Number _____

Co-Applicant Name _____ Date of Birth _____

Current Address _____

Social Security Number _____ Driver's License Number _____

Other Valid Identification Document(s) _____

Current Phone Number _____

Other Occupants: Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

If Occupant is Over 18 Years of Age, Must Qualify as an Applicant

PREVIOUS RESIDENCY

Present Landlord or Mortgage Company _____

Present Landlord or Mortgage Company Address _____

Monthly Rent or Mortgage Payment _____ Length of Time of Residency _____

Prior Landlord or Mortgage Company _____

Prior Landlord or Mortgage Company Address _____

Monthly Rent or Mortgage Payment _____ Length of Time of Residency _____

Reason for Terminating Present Tenancy _____

Has Any Applicant Been Asked to Terminate Their Residency Elsewhere or Has Any Applicant Ever Been Evicted? Yes No

If Yes, Explain the Circumstances _____

Has Any Applicant Lived in a Mobilehome Park before? Yes No

EMPLOYMENT INFORMATION

Applicant's Current Employer _____ Phone _____

Employer Address _____

Position _____ Gross Monthly Salary _____

Immediate Supervisor _____ Length of Employment _____

Co-Applicant's Current Employer _____ Phone _____

Employer Address _____

Position _____ Gross Monthly Salary _____

Immediate Supervisor _____ Length of Employment _____

If Not Employed, Provide Source and Amount of Monthly Income.

_____ \$ _____

_____ \$ _____

BANK INFORMATION

Applicant's Bank _____ Branch _____

Accounts – Checking _____ Savings _____ Loan _____

Co-Applicant's Bank _____ Branch _____

Accounts – Checking _____ Savings _____ Loan _____

MOBILEHOME INFORMATION

Make/Model _____ Box Length _____ Box Width _____

Year _____ Electric Service Amperage _____ Serial Number _____

Legal Owner _____

Legal Owner Address _____

Legal Owner Phone Number _____

Registered Owner _____

Registered Owner Address _____

Registered Owner Phone Number _____

VEHICLE INFORMATION (List Vehicles you will be parking at your site)

Make _____ Model _____ Year _____ License Number _____ State _____

Make _____ Model _____ Year _____ License Number _____ State _____

Make _____ Model _____ Year _____ License Number _____ State _____

PET INFORMATION (If you have dogs and/or cats, please provide the following information)

Name of Pet _____ Age _____ Breed _____ Height _____ Weight _____

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Name of Pet _____ Age _____ Breed _____ Height _____ Weight _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____ Phone _____

REFERENCES

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

CRIMINAL HISTORY

APPLICANT #1: HAVE YOU EVER.....

BEEN CONVICTED OF A CRIME?	YES	NO
BEEN PLACED ON PROBATION OR PAROLE?	YES	NO
BEEN OR ARE YOU CURRENTLY A MEMBER OF A GANG?	YES	NO
HAD A OR CURRENTLY HAVE A WARRANT FOR YOUR ARREST?	YES	NO
BEEN INVOLVED IN ANY CRIMINAL ACTIVITY?	YES	NO
BEEN EVICTED OR HAD A FORCIBLE DETAINER FILED AGAINST YOU?	YES	NO

EXPLAIN ALL "YES" ANSWERS – IN DETAIL:

APPLICANT #2: HAVE YOU EVER.....

BEEN CONVICTED OF A CRIME?	YES	NO
BEEN PLACED ON PROBATION OR PAROLE?	YES	NO
BEEN OR ARE YOU CURRENTLY A MEMBER OF A GANG?	YES	NO
HAD A OR CURRENTLY HAVE A WARRANT FOR YOUR ARREST?	YES	NO
BEEN INVOLVED IN ANY CRIMINAL ACTIVITY?	YES	NO
BEEN EVICTED OR HAD A FORCIBLE DETAINER FILED AGAINST YOU?	YES	NO

EXPLAIN ALL "YES" ANSWERS – IN DETAIL:

HAS ANYONE ELSE THAT WILL BE RESIDING AT THE HOMESITE.....		NAME OF PERSON
BEEN CONVICTED OF A CRIME?	YES	NO
BEEN PLACED ON PROBATION OR PAROLE?	YES	NO
BEEN OR ARE YOU CURRENTLY A MEMBER OF A GANG?	YES	NO
HAD A OR CURRENTLY HAVE A WARRANT FOR YOUR ARREST?	YES	NO
BEEN INVOLVED IN ANY CRIMINAL ACTIVITY?	YES	NO
BEEN EVICTED OR HAD A FORCIBLE DETAINER FILED AGAINST YOU?	YES	NO

*******NOTE: FALSE INFORMATION IS GROUNDS FOR DENIAL OF RESIDENCY*******

NET WORTH STATEMENT

ASSETS		AMOUNT	LIABILITIES		AMOUNT
CASH			NOTES PAYABLE TO BANKS		
STOCKS AND BONDS			OTHER ACCOUNTS PAYABLE		
NOTES RECEIVABLE			TAXES PAYABLE		
REAL ESTATE			OTHER LIABILITIES		
LIFE INSURANCE					
			TOTAL LIABILITIES		
PERSONAL PROPERTY			NET WORTH CALCULATION	TOTAL ASSETS	
				MINUS TOTAL LIABILITIES	
OTHER ASSETS					
				NET WORTH	
TOTAL ASSETS					

APPLICANTS SIGNATURE _____ DATE _____

CO-APPLICANTS SIGNATURE _____ DATE _____