

|  |                             |   |  |
|--|-----------------------------|---|--|
| <b>ON-SITE MANAGER USE ONLY:</b>   |                             |   |  |
| COMMUNITY NAME:  |                             | FEE(S) RECEIVED \$ _____<br>Consumer Report = \$60 per Applicant  | CHECK ONE:<br><input type="checkbox"/> Primary Resident<br><input type="checkbox"/> Additional Occupant  |
| <b>Community Info</b>  | DATE RECEIVED:              | MANAGER'S NAME:   | COMMUNITY PHONE NUMBER:  |
|  | REQUESTED MOVE-IN DATE:     | REQUESTED SPACE NUMBER:   | RENT AMOUNT:   |
|  | TOTAL NUMBER OF APPLICANTS: | TOTAL NUMBER OF OCCUPANTS IN HOME:  | NUMBER OF VEHICLES:  |
| INSTRUCTIONS: Please print clearly and legibly – All information <i>MUST</i> be filled out - DO NOT LEAVE ANY SECTIONS BLANK – IF NOT COMPLETED, APPLICATION MAY NOT BE CONSIDERED   |                             |   |  |
| <b>WE ARE AN EQUAL OPPORTUNITY HOUSING PROVIDER</b><br><b>APPLICATIONS MUST BE COMPLETED BY ALL POTENTIAL OCCUPANTS 18 YEARS OF AGE OR OLDER AND/OR EMANCIPATED MINORS</b><br>LEGAL NAME AS IT APPEARS ON GOVERNMENT ISSUED ID (FIRST, MIDDLE, LAST) |                             |   |  |
| SOCIAL SECURITY# / TIN:  |                             | DATE OF BIRTH:  | SECONDARY GOVERNMENT ISSUED ID:<br><input type="checkbox"/> DRV. LIC. & STATE <input type="checkbox"/> STATE ID <input type="checkbox"/> PASSPORT<br>License #: _____ Exp. Date: _____ |
| TELEPHONE:   |                             | EMAIL: <input type="checkbox"/> Authorization to receive information via email  |  |
| <b>WE REQUIRE THE MOST RECENT FIVE (5) YEAR RESIDENTIAL HISTORY ON ALL APPLICATIONS AND APPLICANTS.</b><br><b>ATTACH AN ADDITIONAL SHEET IF NECESSARY</b>  |                             |   |  |
| <b>CURRENT ADDRESS:</b>  |                             | CITY:   | STATE: ZIP:  |
| <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> RESIDE WITH FAMILY   | CURRENT MONTHLY PAYMENT:    | LENGTH OF OCCUPANCY<br>Yrs: Mths:   | REASON FOR LEAVING:  |
| CURRENT LANDLORD NAME:   | ADDRESS:                    | TELEPHONE:  |  |
| <b>PREVIOUS ADDRESS:</b>   |                             | CITY:   | STATE: ZIP:  |
| <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> RESIDE WITH FAMILY   | PREVIOUS MONTHLY PAYMENT:   | LENGTH OF OCCUPANCY<br>Yrs: Mths:   | REASON FOR LEAVING:  |
| PREVIOUS LANDLORD NAME:  | ADDRESS:                    | TELEPHONE:  |  |
| <b>PREVIOUS ADDRESS:</b>   |                             | CITY:   | STATE: ZIP:  |
| <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> RESIDE WITH FAMILY   | PREVIOUS MONTHLY PAYMENT:   | LENGTH OF OCCUPANCY<br>Yrs: Mths:   | REASON FOR LEAVING:  |
| PREVIOUS LANDLORD NAME:  | ADDRESS:                    | TELEPHONE:  |  |
| <b>HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO   |                             | IF SO, WHERE & WHEN?  | OFFENSE?   |
| <b>HAVE YOU EVER BEEN EVICTED?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO   |                             | IF SO, WHERE & WHEN?  | REASONING?   |
| PETS: <input type="checkbox"/> DOG(S) # _____ <input type="checkbox"/> CAT(S) # _____ <input type="checkbox"/> OTHER # _____ <input type="checkbox"/> NONE   |                             | BREED/WEIGHT AT MATURITY (IN POUNDS):   |  |
| IF OTHER, PLEASE SPECIFY: _____  |                             |   |  |
| <b>INCOME INFORMATION</b>  |                             |   |  |
| GROSS MONTHLY INCOME:  |                             | SOURCE OF INCOME  |  |
| FREQUENCY OF INCOME:<br><input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly  |                             | <input type="checkbox"/> SELF EMPLOYED ** tax return & bank statements (2 most recent report periods)<br><input type="checkbox"/> INVESTMENT/RETIREMENT/PERIODIC ** Savings, retirement or other investment statements (2 most recent reporting periods)<br><input type="checkbox"/> SOCIAL SECURITY<br><input type="checkbox"/> DISABILITY<br><input type="checkbox"/> EMPLOYED ** Two (2) months pay stubs<br><input type="checkbox"/> OTHER (Please explain) _____ |  |
| DATE OF HIRE:  | HOW LONG RETIRED:           |   |  |
| IF EMPLOYED, PLEASE PROVIDE:<br>NAME OF EMPLOYER:  |                             | POSITION:   | TELEPHONE:   |
| SUPERVISOR:  | ADDRESS:                    |   |  |

| <b>OCCUPANTS UNDER AGE 18 (Attach additional sheet if necessary)</b>  |      |       |  |                         |              |  |
|---|------|-------|--|-------------------------|--------------|--|
| <b>OTHER INFORMATION</b>  | NAME | DOB   | DRV. LIC. & STATE, STATE ID, OR PASSPORT #   | SOCIAL SECURITY # / TIN | RELATIONSHIP |  |
|   |      |       |  |                         |              |  |
|   |      |       |  |                         |              |  |
|   |      |       |  |                         |              |  |
| <b>VEHICLE INFORMATION</b>  |      |       |  |                         |              |  |
| VEHICLE MAKE  | YEAR | MODEL | LICENSE PLATE #  | OTHER (RV, BOAT, ETC)   |              |  |
|   |      |       |  |                         |              |  |
|   |      |       |  |                         |              |  |
|   |      |       |  |                         |              |  |
| <p>I/We certify that Community management has the right to refuse admission to any manufactured home if upon arrival at the Community, the home is not the same or in the same condition represented by the applicant in this application. Upon approval of this application, I/We will execute a written rental agreement and all other required documents prior to occupancy and within ninety (90) days or approval for residency will be withdrawn. If I choose to submit a new application, a new application fee will be required.</p>  |      |       |  |                         |              |  |
| <b>APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION</b>   |      |       |  |                         |              |  |
| <p>I/We certify by signing below that, to the best of my/our knowledge, all statements are true and correct. We further authorize COMMONWEALTH REAL ESTATE SERVICES and its subsidiaries to obtain credit reports, character verification, rental history, employment history, public records, criminal history and personal references as necessary to verify all information put forth in the above referenced application for tenancy. False, fraudulent or misleading information or references as well as any returned check(s) for application fee(s) may be grounds for denial of tenancy or subsequent eviction.</p> <p>I/We hereby hold COMMONWEALTH REAL ESTATE SERVICES, its owners, agents and subsidiaries harmless from any liability for exchanging written or verbal information concerning my tenancy with prior landlords.</p> <p>By signing below, I authorize the preparation of an investigative report. For this purpose, I authorize and understand that investigative background inquiries are to be made on myself including consumer, criminal, driving and other reports. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, tenancy and other experiences. I release all of the above, including The Screening Pros, Manage America, CoreLogic, SafeRent, FAR, NCR, Origin and their agents to the full extent permitted by law from any claims, damages, losses, liabilities, and expenses arising from the retrieving and reporting of information. All reports will be kept confidential. Further, Landlord has my/our authorization to use said reports in working with any future collection actions).</p> <p>According to the Federal Fair Credit Reporting Act, I am entitled to know if I was denied based on the information obtained and to receive, upon written request to the appropriate credit reporting agency, a disclosure of the public record information and of the nature and scope of the investigative report.</p> <p>We acknowledge receipt of community's Screening Policy/Criteria. In addition to base application fees, I/we agree to pay directly to provider any and all additional fees and costs associated with obtaining information necessary to complete the application process.</p> <p>This application is not complete without payment of all required application fees by check or money order. This application will be denied upon failure to meet community's screening criteria and/or to provide required documentation, pursuant to law. Upon denial, landlord has no further obligation to consider this application.</p> <p>This application shall be automatically extended for an additional seven (7) days in the event all information necessary to complete this application is not provided to community within the time permitted by law.</p> <p>I, the undersigned applicant, do hereby certify that the information provided by me is true, accurate and complete to the best of my knowledge. Any copy of this document is as valid as the original.</p> |      |       |  |                         |              |  |
| <b>PRINT FULL NAME:</b>   |      |       |  |                         |              |  |
| <b>SOCIAL SECURITY NUMBER / TAX IDENTIFICATION NUMBER:</b>  |      |       | <b>DATE OF BIRTH:</b>  |                         |              |  |
| <b>CURRENT ADDRESS:</b>   |      |       |  |                         |              |  |
| <b>CITY/COUNTY/STATE/ZIP:</b>   |      |       | <input type="checkbox"/> DRV. LIC. & STATE <input type="checkbox"/> STATE ID <input type="checkbox"/> PASSPORT<br>#: _____ EXP DATE: _____ |                         |              |  |
| <b>APPLICANT'S SIGNATURE:</b>   |      |       | <b>DATE:</b>   |                         |              |  |



Employment History Verification Request

I have been retired for 2 years or longer

We have received an application from the person(s) named below to rent a space in our manufactured home community. Please fill out your response to the following questions and email (preferred) to: or fax to: Prospective Tenant:

I (print name) have applied for residency at and stated that I am now or was formerly employed by you. My signature below authorizes verification of the following information.

Signature Date

Current Employer:

Address:

Telephone:

Occupation

Supervisor Employment Dates: From To

Gross Monthly Salary: \$ Full Time Part Time Temporary Self Employed

Do you anticipate that the applicant's employment will continue? Yes No

Previous Employer:

Address:

Telephone:

Occupation

Supervisor Employment Dates: From To

Gross Monthly Salary: \$ Full Time Part Time Temporary Self Employed

Under penalty of perjury, I certify that the information provided is true and correct: Employer Signature: Date: Printed Name: Title: Telephone Number: Fax: Address: City: State: Zip:



**Rental History Verification Request**

I have been residing with family for 5 years or longer  I have owned my home for 5 years or longer

We have received an application from the person(s) named below to rent a space in our manufactured home community. Please fill out your response to the following questions and email (*preferred*) to: \_\_\_\_\_ or fax to: (\_\_\_\_)\_\_\_\_\_. Prospective Tenant: \_\_\_\_\_

I \_\_\_\_\_ (print name) have applied for residency at \_\_\_\_\_ and stated that I am now or formerly rented housing from you. My signature below authorizes verification of the following information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Current or previous address: \_\_\_\_\_  
(Circle One)

Apartment or community name: \_\_\_\_\_

Address: \_\_\_\_\_ Space or Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Manager/Landlord Name: \_\_\_\_\_

Move-in and Move-out date(s): \_\_\_\_\_

Monthly rent: \$ \_\_\_\_\_ Did the tenant pay on time? \_\_\_\_\_ Any Returned Checks? \_\_\_\_\_

Was proper notice given? \_\_\_\_\_ Any complaints? \_\_\_\_\_

Roommates, pets, etc. not on lease? \_\_\_\_\_ Damage to unit or space? \_\_\_\_\_

Any notices issued? \_\_\_\_\_ Any notices filed? \_\_\_\_\_

Would you rent to the tenant(s) again? \_\_\_\_\_

Under penalty of perjury, I certify that the information provided is true and correct:  
Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_