

To Prospective Residents:

Thank you for your interest in becoming a resident in a Commonwealth managed Community. This Community complies with all applicable Fair Housing laws, rules, and regulations. We strive to enforce strict resident acceptance policies consistent with the requirements of each community. Please note we provide equal housing opportunity to all persons and comply with all Federal, State and local laws regarding Fair Housing requirements. Reasonable Accommodations are provided, upon request, to applicants with disabilities. In order for you to become a resident of a Community, you must provide certain information and meet the following criteria:

1. Prospective occupants who are at least 18 years of age or emancipated minors must completely fill out and sign a rental application/authorization for a consumer report and criminal background check. All information on the application must be correct and legible. All applicants must qualify individually for residency. If one co-applicant does not qualify and the other does, we will have to deny approval for residency. If you refuse to fill out any part of the application or authorize us to run the necessary reports or provide any incomplete, inaccurate, or fraudulent information or references, we will deny your application for residency.
2. Applicants must provide two (2) pieces of identification, one with each applicant's photo from a government office (e.g., Driver's License, State ID Card, Passport) and each applicant's Social Security Card or proof of a Tax ID number.
3. Applicants must have a history of acceptable credit; five (5) years verifiable occupancy history (the most recent 5 years); and demonstrate an acceptable debt to income ratio.
4. Having a criminal history will not result in an automatic disqualification for tenancy in violation of state or federal law. Management will carefully evaluate all reported criminal history of an Applicant, based upon several factors, including but not limited to, the date and nature of the crime, its severity, its recency, and what efforts at rehabilitation the Applicant has undertaken. Applicants are encouraged to provide contact information for one or more persons familiar with his/her personal history, who can verify the Applicant's good faith attempts at rehabilitation.
5. Applicants must be gainfully employed for (twelve) 12 months or longer with current employer or have verifiable and continuous periodic income from other sources, such as retirement, social security and/or disability. If the Community is either an "age 55 or older" or an "age 62 or older" Community, you must provide proof that you meet the age requirements. Applicants must provide documentation of all sources of income that are to be considered.
6. Any individual who is a current illegal substance abuser or has been convicted of the illegal manufacture or distribution of a controlled substance will be denied residency.
7. Any individual or pet/animal whose residency would constitute a direct threat to the health or safety of other individuals or whose residency would result in substantial physical damage to the property will be denied residency.
8. If pets are permitted, they must meet the requirements of state and local laws, ordinances, and the Community in regard to number, size, and breed (see Community rules and regulations). The definition of pets is domestic dogs and/or cats. The Community does not allow full or mixed breeds of exotic and/or wild animals, livestock, farm animals and certain breeds of dogs including, but not limited to: Akita, Blue Heeler, Chow, Doberman, German Shepherd, Pitbull, Staffordshire Bull Terrier, American Staffordshire Terrier, Rottweiler, Presa Canarios, and Wolf-hybrid.
9. Vehicles must meet community requirements regarding number, size, type and condition.
10. Occupancy may not exceed two (2) persons per bedroom, plus one (1) additional person per household.
11. Homes must be resident occupied – no sub-leasing (this includes renting bedrooms in home) or rentals.
12. Current laws permit the landlord to deny residency on the basis of, but not limited to: pets; vehicles; number of occupants; credit history; character references; criminal records; tenant history of eviction or property damage; rental history; unverifiable or insufficient income (excessive debt); or incorrect, incomplete, or unverifiable application information. Our policy complies with these laws.
13. If purchasing a home, all unpaid monies due for the home which applicant desires to purchase, must be paid in full (whether by seller, buyer or other) before any application may be approved.

We do not accept Comprehensive Reusable Tenant Screening Reports, commonly referred to as portable screening. A minimum non-refundable fee of \$60.00 must be paid by check or money order to begin processing each applicant. You will be notified as soon as possible regarding your application approval or denial. Rental Applications, once approved, are open for a period of sixty (60) days; a Rental/ Lease Agreement must be executed within that time, or approval will be withdrawn. If you choose to submit a new application, new application fees will also be due. If you have any questions on policies regarding qualifying as a resident in a Community, please address them with the Community Manager.

	Consumer Report
Each Applicant	\$60.00

Thank you – Community Management



ON-SITE MANAGER USE ONLY:			
COMMUNITY NAME:		FEE(S) RECEIVED \$ _____ Consumer Report = \$60 per Applicant	CHECK ONE: <input type="checkbox"/> Primary Resident <input type="checkbox"/> Additional Occupant
Community Info	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			
WE ARE AN EQUAL OPPORTUNITY HOUSING PROVIDER APPLICATIONS MUST BE COMPLETED BY ALL POTENTIAL OCCUPANTS 18 YEARS OF AGE OR OLDER AND/OR EMANCIPATED MINORS LEGAL NAME AS IT APPEARS ON GOVERNMENT ISSUED ID (FIRST, MIDDLE, LAST)			
SOCIAL SECURITY# / TIN:		DATE OF BIRTH:	SECONDARY GOVERNMENT ISSUED ID: <input type="checkbox"/> DRV. LIC. & STATE <input type="checkbox"/> STATE ID <input type="checkbox"/> PASSPORT
TELEPHONE:		EMAIL:	License #: _____ Exp. Date: _____ <input type="checkbox"/> Authorization to receive information via email
WE REQUIRE THE MOST RECENT FIVE (5) YEAR RESIDENTIAL HISTORY ON ALL APPLICATIONS AND APPLICANTS. ATTACH AN ADDITIONAL SHEET IF NECESSARY			
CURRENT ADDRESS:		CITY:	STATE: ZIP:
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> RESIDE WITH FAMILY	CURRENT MONTHLY PAYMENT:	LENGTH OF OCCUPANCY Yrs: Mths:	REASON FOR LEAVING:
CURRENT LANDLORD NAME:	ADDRESS:	TELEPHONE:	
PREVIOUS ADDRESS:		CITY:	STATE: ZIP:
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> RESIDE WITH FAMILY	PREVIOUS MONTHLY PAYMENT:	LENGTH OF OCCUPANCY Yrs: Mths:	REASON FOR LEAVING:
PREVIOUS LANDLORD NAME:	ADDRESS:	TELEPHONE:	
PREVIOUS ADDRESS:		CITY:	STATE: ZIP:
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> RESIDE WITH FAMILY	PREVIOUS MONTHLY PAYMENT:	LENGTH OF OCCUPANCY Yrs: Mths:	REASON FOR LEAVING:
PREVIOUS LANDLORD NAME:	ADDRESS:	TELEPHONE:	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, WHERE & WHEN?	OFFENSE?
HAVE YOU EVER BEEN EVICTED? <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: _____			
INCOME INFORMATION			
GROSS MONTHLY INCOME:		SOURCE OF INCOME	
FREQUENCY OF INCOME: <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) <input type="checkbox"/> INVESTMENT/RETIREMENT/PERIODIC ** Savings, retirement or other investment statements (2 most recent reporting periods) <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> DISABILITY <input type="checkbox"/> EMPLOYED ** Two (2) months pay stubs <input type="checkbox"/> OTHER (Please explain) _____	
DATE OF HIRE:	HOW LONG RETIRED:		
IF EMPLOYED, PLEASE PROVIDE: NAME OF EMPLOYER:		POSITION:	TELEPHONE:
SUPERVISOR:	ADDRESS:		



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: _____

Do you own or rent a Manufactured Home?

What are you going to do in the event of a fire, theft or weather-related loss to your home or the personal items in the home?

Dwelling Coverage

Package policy provides replacement coverage for damage to the dwelling as a result of most perils including theft, fire, tornado, flood and earthquake.

Personal Property Coverage

Provides replacement cost protection for your property in the home in the event of a covered loss.

Loss of Use Coverage

Helps pay for expenses, such as, a place to stay and normal costs of meals should your home become temporarily unlivable due to a covered loss.

Liability Coverage

Helps protect you if your legally responsible for accidents which cause bodily injury or property damage.

Fire



Flood



Wind



Theft



Have other items that need to be insured?

SafeHaven can provide insurance for your auto, boat, RV and motorcycle too!

For home insurance quote call 800-536-8999
Auto quote 844-273-4194 Savings Code JD2A
RV quote 844-269-0533 Savings Code JC2A
visit us at www.safehaveninsurance.com

Insuring mobile homes has been at the heart of American Modern's insurance business for more than 45 years.

We provide comprehensive coverage designed for single-family, owner-occupied homes. Our program accepts any home that is factory-built, whether it is a single-wide, double-wide, triple-wide, or 2-story modular. Unlike other insurers, we place no age restriction on your home.

Overview

Coverage

Comprehensive protection – Your policy covers any cause of loss (fire, lighting, wind, hail, explosion, burst water pipes, and so on) unless that cause is specifically excluded in the policy documents. This kind of coverage is sometimes referred to as “special form” coverage.

Loss settlement

Stated value – For a total loss, we settle at the stated value of your home which is listed on your policy. There is no depreciation deduction. For a partial loss, we pay the actual cash value of the loss, but you can upgrade that to a replacement cost valuation.

Included coverage

Liability – You are covered if an injury occurs to someone while on the premises, or if you accidentally injure someone or damage property away from your home.

Personal property – Your personal belongings are protected on an actual cash value basis if the home suffers a covered loss.

Other structures – Your shed, detached garage or fence are protected.

Additional living expenses – If a covered peril causes sufficient damage that you need to move out, we cover the extra living expenses until repairs are complete or you find a new home.

Reasonable expenses – We cover the cost for emergency repairs that prevent additional damage, such as covering a roof after a storm.

Vandalism – Physical damage or defacement of the home is included.

Theft – Personal items, or permanently attached items such as a heat pump or even copper piping, are covered for loss if stolen from the home. Certain items have specific dollar limits.

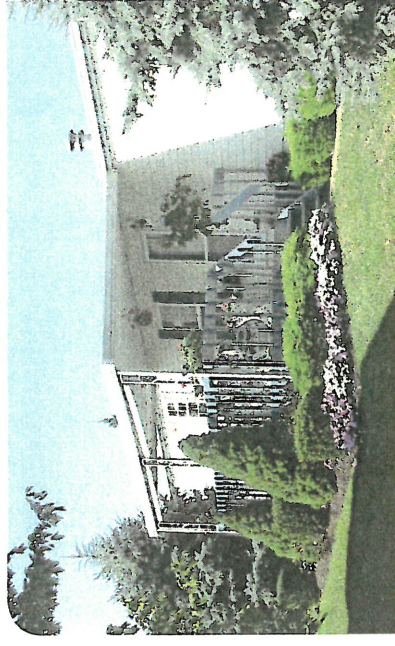
Enhanced coverage – Increase the limits for additional living expenses, collapse, emergency removal, fire department surcharge, antenna/satellite dish, and more.

Builder's risk – Essential for homes just bought from a dealer, and required by some lenders, this endorsement protects your home during the time between loan closing and occupancy.

Breakdown protection – Widen the policy's scope to include the repair or replacement of major appliances, HVAC and electronics due to mechanical or electrical failure.

Earthquake – This hard-to-find coverage is available in many states.

Identity theft recovery – Identity theft can result in real harm being done to a person's credit report. This special option provides professional assistance and up to \$15,000 in expense reimbursement.



We adjust our program to cover these circumstances

Rental

The rental program accepts residential and commercial-use units.

Seasonal

Our seasonal program covers mobile homes that are used just part of the year.

Vacant

A vacant mobile home can be insured through our DP-1 Vacant program.

Tenant

Renters insurance (HO-4) is an option for renters of a mobile home.

Payment options

EZPay

Pay through automated monthly installments.

4-Pay

Pay a quarter up-front with an installment due every 60 days.

Full Pay

Pay when coverage begins or on renewal.



CA-DBA OFS INSURANCE AGENCY, LLC

SAFE HAVEN NATIONAL INSURANCE AGENCY
27777 FRANKLIN RD., STE 1710
Southfield, MI 48034
800-206-2753
Fax: 888-721-8992 or email to lherron@origenservices.com

CWRES – NEW PURCHASE or EXISTING HOMEOWNER (Circle One)

FOR A MANUFACTURED HOME INSURANCE QUOTE - The following information is needed – fax this completed form to 888-721-8992 or email it to lherron@origenservices.com and we will supply a quote.

Applicant Names: _____ (Primary)

_____ (Secondary)

Dwelling Value: \$ _____

Phone: _____ **DOB: (primary):** _____

Status: Single ___ Married ___ Divorced ___ Widowed ___ Separated ___

Year of Home: _____ **Make:** _____

Size: _____ (W) _____ (L)

Serial No. _____

Location: Community Name _____

House Address: _____

City: _____ **State:** _____ **Zip:** _____

If mailing address differs from home address:

Address: _____

City: _____ **State:** _____ **Zip:** _____

To whose attention shall we fax, e-mail or mail the quote?

Name: _____

Fax # or e-mail address: _____

Mailing Address: _____
