

Purchase or Lease Applicants

Thank you for considering our Community as your new home.

We're here to help the transition be as smooth as possible.

Below is a list of documents required to complete this application.

We'd Like to Welcome You As Our New Neighbor!



Thank you for coming to visit our community. We have beautiful and affordable homes and we'd love the chance



THANK YOU!

To Apply Please Provide:

- **Completed** Residency Application (Form Attached)
- \$40 Non-Refundable Application Fee (**Payable by Money Order Only**)
- Your last two consecutive pay stubs or Social Security/Pension Award Letter
- Two forms of ID (Drivers License and Social Security Card Required)

** A Criminal Background Check is required on all residents age 18 and Above **

WWW.PARKBRIDGEHOMES.COM

APPLICATION FOR RESIDENCY (\$40.00 Fee)

_____ Mobile Home Community, Lot # _____

PLEASE PRINT

PHONE # _____

HOW DID YOU HEAR ABOUT US? _____

APPLICANT INFORMATION:

Name of Applicant: _____ Date of Birth __/__/__ SSN: _____

Name of Co-applicant: _____ Date of Birth __/__/__ SSN: _____

| Full Names of All Other Residents: (including children) | Relationship to You | Date of Birth |
|--|---------------------|---------------|
| | | |
| | | |
| | | |

How Many Pets Do You or Other Occupants Own? _____

Kind of Pet, Breed, Weight and Age _____

RESIDENCE HISTORY:

PRESENT ADDRESS: _____

How long have you resided at this address? _____ Yrs _____ Mths

Present Landlord or Mortgage Co. _____ Phone: _____

Monthly Payment \$ _____ Reason for Moving _____

PREVIOUS ADDRESSES: LIST FOR PAST 5 YEARS: IF YOU WERE RENTING, PLEASE GIVE LANDLORD'S NAME AND PHONE NUMBER.

_____ WHEN? _____

_____ WHEN? _____

_____ WHEN? _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No

Been evicted or asked to move out? Yes No Broken a Rental Agreement or Lease? Yes No

Been sued for damage to rental property? Yes No

Been convicted of a felony? Yes No Explain: _____

EMPLOYMENT INFORMATION: (Last 5 years)

APPLICANT'S EMPLOYER: _____ Dates From: _____ To: _____

APPLICATION FOR RESIDENCY (\$40.00 Fee)

Address: _____ **Mobile Home Community, Lot #** _____ Telephone: _____

Position: _____ Supervisor: _____ Gross Monthly Salary \$ _____

CO-APPLICANT'S EMPLOYER: _____ Dates From: _____ To: _____

Address: _____ Telephone: _____

Position: _____ Supervisor: _____ Gross Monthly Salary \$ _____

OTHER INFORMATION:

BANK NAME: _____ Telephone: _____

TOTAL NUMBER OF VEHICLES: _____

Make/Model _____ Year _____ License # _____ State _____

Make/Model _____ Year _____ License # _____ State _____

Make/Model _____ Year _____ License # _____ State _____

In case of Personal Emergency, Notify: _____ Relationship: _____

Address: _____ Home Phone: _____ Work Phone: _____

I hereby make application for a mobile home lot and certify that this information is correct. I/We also agree to abide by the Park Rules now in effect or which may later be posted. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit-reporting agency, which will appear as an inquiry on my file.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

IF YOU ARE APPLYING FOR A SPACE FOR YOUR MOBILE HOME, PLEASE FILL IN ALL OF THE FOLLOWING QUESTIONS COMPLETELY:

Make and Model: _____ Year: _____

Size: _____ x _____ New: _____ Used: _____

Does your home have? Add-A-Room Yes No. If yes, what size _____ x _____
Tip-Out Yes No. If yes, what size _____ x _____
Deck Yes No. If yes, what size _____ x _____

Address where is the home currently located? _____ Phone # _____

Lien Holder(s) _____ Phone # _____

Account # _____

What size electrical service does your home require? 100 AMP _____ 200 AMP _____

APPLICATION FOR RESIDENCY (\$40.00 Fee)

What size frame does your home have? _____ Mobile Home Community, Lot # _____
75 ½ 82 ½ 99 ½ (Circle One) or list other size _____

MOBILE HOME COMMUNITY

"A quality, quiet, comfortable living community"

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I/We, the undersigned, authorize and direct any Individual, Business, Organization, Federal, State, or Local Agency to release and/or verify any information which is deemed necessary in connection with the processing of my/our application for residency at _____ Mobile Home Community.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:

| | |
|--------------------------------|------------------------------|
| Identity | Credit and Criminal Activity |
| Residences and Rental Activity | Employment |

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release/verify the above information include but are not limited to:

| | |
|--|----------------------------------|
| Courts & Post Offices | Law Enforcement Agencies |
| Utility Companies | Credit Providers & Credit Bureau |
| Employer | Financial Institutions |
| Previous Landlords (Including Public Housing Agencies) | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office. I understand I/We have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

(Signature) (Print Name) Date

(Signature) (Print Name) Date