APPLICATION FOR RESIDENCY (\$30.00 Fee Per Adult))

Mobile Home Community, Lot #____



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 to show them to you.



To Apply Please Provide:

- o **Completed** Residency Application (Form Attached)
- \$30 Non-Refundable Application Fee per Adult (Payable by Money Order Only)
 - Your last four consecutive pay stubs or Social Security/Pension Award Letter
 - Two forms of ID (Drivers License and Social Security Card Required)
- Your Current email address
- ** A Criminal Background Check is required on all residents age 18 and Above **

WWW.PARKBRIDGEHOMES.COM

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PLEASE PRINT				
HOW DID YOU HEAR ABOU	T US?			
APPLICANT INFORMATION	<u>I</u> :			
Name of Applicant:Phone:	EMAIL	Date of Birth// SSN:		
Name of Co-applicant:Phone:	EMAIL	Date of Birth//_ SSN:		
Full Names of All Other Resident (including children)	ts:	Relationship to You	Date of Birth	
How Many Pets Do You or Other	Occupants Own	?		
Kind of Pet, Breed, Weight and A	Age			
RESIDENCE HISTORY:				
PRESENT ADDRESS:				
How long have you resided at this	s address?	YrsMths		
Present Landlord or Mortgage Co)		Phone:	
Monthly Payment \$	Reason f	For Moving		
PREVIOUS ADDRESSES: LIST LANDLORD'S NAME AND PH			NG, PLEASE GIVE	
			_WHEN?	
			_WHEN?	
			_WHEN?	
HAVE YOU OR CO-APPLICAN	NT EVER: Been	sued for non-payment of rent?	☐ Yes ☐ No	
Been evicted or asked to move ou	ıt? 🗌 Yes 🔲 No	o Broken a Rental Agreement	or Lease?	
Been sued for damage to rental pr	roperty? Yes	No		
Been convicted of a felony?	Yes No	o Explain:		
EMPLOYMENT INFORMATI	ION: (Last 5 yea	ars)		
APPLICANT'S EMPLOYER: _		Γ	Dates From: To:	

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Address:		oile Home Community,			
Position:		Supervisor:	Gross Mon	nthly Salary \$	
CO-APPLICANT'S EN	MPLOYER:		Dates From:	To:	
Address:			Telephone:		
Position:		Supervisor:	Gross Mon	thly Salary \$	
OTHER INFORMATION BANK NAME:			Telephone:		
TOTAL NUMBER OF V	VEHICLES:				
Make/Model		Year	License #	State	
Make/Model		Year	License #	State	
Make/Model		Year	License #	State	
In case of Personal Emer	case of Personal Emergency, Notify:		Relationship:		
Address:		Home Phone:	e: Work Phone:		
abide by the Park Rules that I have listed. I also which will appear as an APPLICANT'S SIGNA	authorize you to c inquiry on my file	obtain my consumer cre	dit report from your cre	edit-reporting agency,	
APPLICANT'S SIGNATURE: CO-APPLICANT SIGNATURE:			DATE:		
IF YOU ARE APPLYI FOLLOWING QUEST			LE HOME, PLEASE I	FILL IN ALL OF THE	
Make and Model:			Year:		
Size: x	_ New:	Used:			
Does your home have?	Add-A-Room Tip-Out Deck	Yes No. If yes	what size x what size x what size x	_	
Address where is the hor	ne currently locate	d?	P	hone #	
Lien Holder(s)			P	hone #	
Account #					
What size electrical servi	ice does your home	e require? 100 AMP _	200 AMP		
What size frame does yo	ur home have? 75	½ 82½ 99½ (Circ	ele One) or list other size	2	

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MOBILE HOME COMMUNITY

"A quality, quiet, comfortable living community"					
AUTHORIZATION FOR RELEASE OF INFORMATION					
	hich is deemed necessary	, Organization, Federal, State, or Local Agenc n connection with the processing of my/our unity.			
INFORMATION COVERED I/We understand that previous or current in that may be requested include but are not l		s may be needed. Verifications and inquiries			
Identity Residences and Rental Activity	Credit and Criminal Ac Employment	tivity			
GROUP OR INDIVIDUAL THAT MAY The groups or individuals that may be asked		ove information include but are not limited to:			
Courts & Post Offices Utility Companies Employer Previous Landlords (Including Pu	Financial Insti	rs & Credit Bureau			
		e purposes stated above. The original of this have a right to review my file and correct any			
SIGNATURES					
(Signature)	(Print Name)	Date			
(Signature)	(Print Name)	Date			