***FR COMMUNITIES***

***MANUFACTURED HOME COMMUNITY***

**Application for Residency**

EACH ADULT APPLYING FOR UNIT MUST COMPLETE A SEPARATE APPLICATION

PLEASE PRINT- All information must be completed. All blanks must be filled in. The decision to rent to you will depend greatly on your references. Only responsible people who pay rent on time need apply.

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| HOW DID YOU FIND OUT ABOUT US?  |
| [ ]  NEWSPAPER      | [ ]  FRIEND       | [ ]  ONLINE    |
| DATE OF DESIRED OCCUPANCY |
| **YOUR PERSONAL INFORMATION** |
| FULL NAME  |
| PHONE | WORK PHONE  | E MAIL |
| SOCIAL SECURITY # | DRIVER’S LICENSE # | STATE OF ISSUANCE |
| DATE OF BIRTH | MARITAL STATUS[ ]  SINGLE [ ]  MARRIED [ ]  DIVORCED | GENDER |
| PRESENT ADDRESS  | CITY | STATE | ZIP |
| IF RENTING, APARTMENT COMPLEX/LOCATION |
| HOW LONG?  | CURRENT RENT $ |
| LANDLORD/MANAGER  |
| PHONE | EMAIL |
| WHY ARE YOU LEAVING?  |
|  |
| PREVIOUS ADDRESS  | CITY | STATE | ZIP |
| IF RENTING, APARTMENT COMPLEX/LOCATION |
| HOW LONG?  | RENT PAYMENT $ |
| LANDLORD/MANAGER  |
| PHONE | EMAIL |
| WHY ARE YOU LEAVING?  |
|  |
| PRESENT EMPLOYER  | POSITION | HOW LONG? |
| ADDRESS  | PHONE |
| GROSS MONTHLY INCOME BEFORE DEDUCTIONS $  | OTHER INCOME $ | SOURCE |
| FORMER EMPLOYER  | POSITION | HOW LONG? |
| ADDRESS  | PHONE |
| WHY DID YOU LEAVE? |

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| **PERSONAL HISTORY** |
| HAVE YOU EVER BEEN EVICTED? YES [ ]  NO [ ]  IF YES, EXPLAIN: |
| HAVE YOU EVER HAD A FORECLOSURE / REPOSSESSION? YES [ ]  NO [ ]  IF YES, EXPLAIN: |
| HAVE YOU EVER FILED FOR BANKRUPTCY? YES [ ]  NO [ ]  IF YES, EXPLAIN: |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN A TRAFFIC VIOLATION? YES [ ]  NO [ ]  IF YES, EXPLAIN: |
| **PERSONAL REFERENCES**(List 4 persons, other than your relatives, that we may contact to verify your character) |
| NAME | RELATIONSHIP  | PHONE |
| ADDRESS  | CITY | STATE | ZIP |
| NAME | RELATIONSHIP  | PHONE |
| ADDRESS  | CITY | STATE | ZIP |
| NAME | RELATIONSHIP  | PHONE |
| ADDRESS  | CITY | STATE | ZIP |
| NAME | RELATIONSHIP  | PHONE |
| ADDRESS  | CITY | STATE | ZIP |
| **EMERGENCY**(In an emergency, you may contact: - List 2, starting with nearest relative first) |
| NAME | RELATIONSHIP  | PHONE |
| ADDRESS  | CITY | STATE | ZIP |
| NAME | RELATIONSHIP  | PHONE |
| ADDRESS  | CITY | STATE | ZIP |
| **OTHER PERSONS WHO WILL LIVE IN THE DWELLING UNIT, INCLUDE CHILDREN** |
| NAME | DOB | NAME | DOB |
| NAME | DOB | NAME | DOB |
| **PETS** |
| NAME | TYPE | WEIGHT | NAME | TYPE | WEIGHT |
| **NOTE: No pets are allowed at any time on the premises without prior Management consent.** |

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| **MOTOR VEHICLES**(List all motor vehicles, incuding recreational to be kept at the property) |
| MAKE | COLOR | MODEL | YEAR | LICENSE PLATE | STATE |
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| **AUTHORIZATION** |
| I declare that this application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute ground for rejection of the application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application. |
| APPLICANT’S SIGNATURE | DATE |
| CO-APPLICANT’S SIGNATURE | DATE |

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| **DO NOT WRITE BELOW THIS LINE - THIS SECTION TO BE COMPLETED BY MANAGEMENT** |
| COMMUNITY: |
| CREDIT REPORT: FAVORABLE [ ]  UNFAVORABLE [ ]  |
| OTHER COMMENTS:  |
| DEPOSIT | OPTION | MONTHLY RENT |
| TERM OF LEASE IN MONTHS | MOVE IN DATE | LEASE EXPIRES |
| TOTAL NUMBER OF OCCUPANTS | NUMBER OF KEYS | SEPARATE PET DEPOSIT (IF ANY) |
| UTILITIES TO BE PAID BY TENANTS: GAS [ ]  ELECTRIC [ ]  WATER [ ]  |
| TRASH PICK UP (IF APPLICABLE) |