

# APPLICATION FOR RESIDENCY



Western  
Manufactured Housing Communities  
Association

(Each person desiring residency must complete a separate application.)

IN \_\_\_\_\_  
(Community Name)

## Personal

Name of Person Making Application: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date (of application): \_\_\_\_\_

Present Address: \_\_\_\_\_  
City State Zip

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Email: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name(s) of Other Person(s) Who Will Be Occupying Homesite: \_\_\_\_\_

Relationship(s): \_\_\_\_\_

Social Security Number(s): \_\_\_\_\_

Driver's License Number(s) \_\_\_\_\_

## Previous Residency

Present Landlord or Mortgage Co.: \_\_\_\_\_ Yrs. \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(City) (State) (Zip)

Monthly Rent or Mortgage Payment: \_\_\_\_\_

Prior Landlord or Mortgage Co.: \_\_\_\_\_ Yrs. \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(City) (State) (Zip)

Monthly Rent or Mortgage Payment: \_\_\_\_\_

Have you ever been asked to terminate your residency elsewhere or have you ever been evicted?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever lived in a mobilehome park before?  Yes  No

If yes, please explain: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Residency: \_\_\_\_\_

Amount of Last Rent: \_\_\_\_\_



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## Vehicles

Number of Automobile(s): \_\_\_\_\_ Boat(s): \_\_\_\_\_ Other \_\_\_\_\_

We must have complete descriptions of all vehicles:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_

Financed By: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_

Financed By: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_

Financed By: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Employment

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Position: \_\_\_\_\_ Gross Monthly Salary: \$ \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Length of Employment: Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_

If not employed, please provide source and amount of means of financial support:

\_\_\_\_\_  
\_\_\_\_\_

## Financial

Name of Bank: \_\_\_\_\_ City: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Checking  Savings  Loan

Name of Bank: \_\_\_\_\_ City: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Checking  Savings  Loan

Credit Card: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ How Long: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ How Long: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ How Long: \_\_\_\_\_

Net Worth (from back page): \_\_\_\_\_

## References

Business: Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal: Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_



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## Emergency

Person(s) to notify in case of an emergency (other than co-resident):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/ZIP: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Approved Animals

If you have dogs and/or cats, please provide the following information:

Name	Age	Type	Color/Description	Height	Weight
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## Home or Recreational Vehicle to Occupy Homesite

Make/Model: \_\_\_\_\_ Net Size: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Year: \_\_\_\_\_ Breaker Size: \_\_\_\_\_ amps. License or Decal No.: \_\_\_\_\_

Serial No.: \_\_\_\_\_ Value: \_\_\_\_\_

Financed by: \_\_\_\_\_

Current Location: \_\_\_\_\_

Legal Owner Name/Address: \_\_\_\_\_

Registered Owner Name/Address: \_\_\_\_\_

Junior Lienholder Name/Address (if any): \_\_\_\_\_

The following paragraph should be completed by management and initialed by the prospective resident in the event the park has established minimum age requirements. If there are no age requirements for occupancy, the paragraph should be crossed out.

**The undersigned understands and acknowledges that this Park is a “housing for older persons” park with a minimum age requirement of \_\_\_\_\_ years of age or older for at least one resident and a minimum age requirement of \_\_\_\_\_ years of age or older for all other residents. The undersigned hereby represents that the person(s) making application to reside in the park meet the age requirement.**

The undersigned requests the management to check the above credit references and representations. The undersigned acknowledges that in the event a rental agreement is executed by both the management and the undersigned, it is subject to approval by the management of the undersigned’s mobilehome or recreational vehicle as provided in the Rental Agreement.

The undersigned represents and warrants that the above information is true and correct and has been made for the purpose of informing the management of the park. The management has permission to verify any and all information offered on this application. In the event of any misrepresentation by applicant, management will have grounds to cancel any agreement entered in reliance upon the misrepresentation.



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The undersigned understands that in the event that any of the above information cannot be verified by the management of the Park, the management of the Park has the right to deny the application. The undersigned further understands that Prospective Resident(s) shall have no rights of tenancy until a Rental Agreement has been signed by the Park management and the prospective resident(s).

APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

## NET WORTH STATEMENT

ASSETS		IN DOLLARS	LIABILITIES		AMOUNT
CASH	Bank Office Name & No.	(Omit Cents)	NOTES PAYABLE TO BANKS	Bank Office Name & No.	(Omit Cents)
STOCKS AND BONDS			OTHER NOTES & ACCOUNTS PAYABLE	Mobilehome Loans	
				Sales Contracts	
				Loans of Life Ins. Policies	
NOTES RECEIVABLE (COLLECTIBLE)	Relatives & Friends		TAXES PAYABLE	Current Yr's Income Taxes Unpaid	
	Trust Deeds & Mortgages			Prior Yr's Income Taxes Unpaid	
	Other			Property Taxes Unpaid	
REAL ESTATE	Improved		OTHER LIABILITIES	Unpaid Interest	
	Unimproved				
	Leasehold Interest Owned			Total Liabilities	
LIFE INSURANCE	Cash Surrender Value		NET WORTH CALCULATION	TOTAL ASSETS	
OTHER PERSONAL PROPERTY	Vehicles			TOTAL LIABILITIES	
	Other			NET WORTH	
	TOTAL ASSETS				

