

APPLICATION FOR TENANCY

Your tenancy will be determined by a review of the facts listed on this application. In order for us to thoroughly evaluate each applicant, please be sure to fill out this application accurately and completely. An incomplete application will be grounds for denial.

Park Name:	Monte Cristo Adult Community	Date of application:
Address:	887 Count Drive, Livingston, CA, 95334	
Number or address of mobile home/space being considered by applicant(s):		
City:	Livingston	State: CA Zip: 95334
Proposed move-in date:	Number of bedrooms in unit:	

1. **PERSONAL** (please print)

Applicant Name:	Date of birth:
(Last) (First) (M.I.)	
Current Address:	Current phone #:
City:	State: Zip:
Previous Address:	How long?
Previous Address:	How long?
Social Security #:	
Driver's license #: (Specify if not in the State of California)	Exp. Date:
Other valid identification if not in possession of a valid California driver's license: Exp. Date:	
Name of Spouse:	Date of birth:
(Last) (First) (M.I.)	
Current address Name of apartment building or mobile home park, if applicable:	
City:	State: Zip:
Social Security #:	

Driver's license #: (Specify if not in the State of California)	Exp. Date:
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Other valid identification if not in possession of a valid California driver's license: Exp. Date:

Specific persons who will occupy this mobile home/space. Name: Relationship Date of birth:

Social Security #:

Driver's license #: (Specify if not in the State of California)	Exp. Date:
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Other valid identification if not in possession of a valid California driver's license: Exp. Date:

2. CURRENT RESIDENCY INFORMATION (please print)

Length of time at present address:	Rent _____ /per month
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Name of owner/management company:

Address:	Telephone: ()
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Name of lender/mortgage company:

Address:	Telephone: ()
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Loan #:	Payment amount:	/per month
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Reason for terminating your current tenancy:
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3. EMPLOYMENT INFORMATION (please print)

Applicant's current employer:

Address:	Telephone: ()
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Position/Military Grade:

Gross Monthly Salary:	Hourly wage:
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Supervisor:	How long:	Years:	Months:
(Name)	(Position)		

Spouse's current employer:

Address:	Telephone: ()
Position/Military Grade:	

Gross Monthly Salary:	Hourly wage:
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Supervisor:	How long:	Years:	Months:
(Name)	(Position)		

Co-tenant's current employer:

Address:	Telephone: ()
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Position/Military Grade:

Gross Monthly Salary:	Hourly wage:
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Supervisor	How long:	Years:	Months:
(Name)	(Position)		

4 **FINANCIAL INFORMATION (please print)**

Name of your bank:	__Checking	__Savings	__Loan
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Branch address:	Account #:
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Name of your bank:	__Checking	__Savings	__Loan
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Branch address:	Account #:
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5. **VEHICLES**

(list all vehicles that you would be parking/storing in the park)

Number of automobiles:	Boats:	RVs: (Specify width, length, height)
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Trailers:	Motorbikes:	Other:
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Description of above vehicles:

1) Make:	Model:	Year:	License No.:
Registration no.:		Expiration date:	

2) Make:	Model:	Year:	License No.:
Registration no.:		Expiration date:	

3) Make:	Model:	Year:	License No.:
Registration no.:		Expiration date:	

(list other entries on back of application)

6. PETS (list pets that would live with you in the park – please print)

1) Name:	Age:	Breed:	Current license no.:
Color/description:		Height:	Weight:

2) Name:	Age:	Breed:	Current license no.:
Color/description:		Height:	Weight:

8. REFERENCES (please print)

list two (2) personal and two (2) business references

Personal

Name:	Telephone
	(Day) (Evening)

Address:	City:	State:	Zip:
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Name:	Telephone
	() ()
	(Day) (Evening)

Business

Name:	Telephone:
	() ()
	(Day) (Evening)

Address:	City:	State:	Zip:
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The undersigned requests that the Management check the above credit references and representations. The undersigned acknowledges that in the event a rental agreement and other tenancy documents are executed by both the Management and the undersigned, the undersigned understands that his/her tenancy is subject to the approval by Management of the undersigned's mobile home 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. Providing false or misleading information and/or failing to provide information requested when it exists is/are grounds for rejecting this application for tenancy. If a rental agreement and other Park documents are signed and Park Management subsequently discovers that false or misleading information was given by applicant, and/or that applicant failed to provide information requested and such information exists, the Park has the right to rescind said agreements and no rights of tenancy shall exist in favor of the applicant.

The undersigned understands that in the event that any of the above information cannot be verified by the Management of the Park, that the Management of the Park has the right to deny the application, and that the undersigned may rescind execution of the rental agreement by so notifying the Management in writing within seventy-two (72) hours after execution of said documents.

The undersigned further understands that applicant shall have no rights of tenancy until a rental agreement and other Park required documents of tenancy have been signed by the Park Management and the applicant. Applicant understands that it is a violation of state law to move onto the space or into a mobile home without first being notified of approval and signing all rental documents.

Applicant understands that if a rental agreement and other tenancy documents are executed that applicant will not be able to move into the mobile home until the expiration of the seventy-two (72) hour recession period.

Failure to provide information, which enables Management to verify income, credit history and all other information, requested above is grounds for denial of application.

Applicant acknowledges that Park may obtain the service of an independent professional third party firm to check references, credit history, and rental payment history. Applicant agrees to be bound by the determination of such third party firm as to applicant's ability to pay rent and other charges, as long as such determination is based on the information provided by applicant in this application.

NOTICE TO ALL PROSPECTIVE PURCHASERS: CALIFORNIA STATE LAW REQUIRES THAT YOU SIGN ALL RENTAL DOCUMENTS FOR THE PARK, OBTAIN PARK APPROVAL, AND BECOME THE REGISTERED OWNER OF THE MOBILE HOME PRIOR TO MOVING INTO THE PARK. FAILURE TO DO SO SHALL CONSTITUTE A VIOLATION OF STATE LAW AND SHALL BE GROUNDS FOR IMMEDIATE EVICTION.

Applicant should receive the Mobile Home Park Owners "Mobile Home Park Rental Agreement Disclosure Form" with the application. If you did not receive said Disclosure Form, request it in writing from park management office personnel.

Applicant Signatures:

Signature	Date
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(Print Name)

Signature	Date
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(Print Name)

Signature	Date
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(Print Name)

Signature	Date
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(Print Name)

Monte Cristo Adult Community

887 Count Drive
Livingston, CA 95334
Phone (209) 394-3500

REQUEST FOR INCOME VERIFICATION

TO EMPLOYER:

FROM:

MONTE CRISTO ADULT COMMUNITY

887 COUNT DRIVE

LIVINGSTON, CA 95334

The undersigned employee has applied for residency in MONTE CRISTO ADULT COMMUNITY. Every income statement of a prospective tenant must be stringently verified. Please indicate below the employee's current annual income as received on a regular basis.

Employee Signature

Social Security Number

Date

Employee Name (please print)

VERIFICATION OF INCOME

RATE OF PAY: \$ _____ / HOUR _____ HOURS/WEEKLY
 \$ _____ / WEEKLY
 \$ _____ / MONTH
 \$ _____ / OTHER**

 **EXPLAIN _____

ANNUAL INCOME AT CURRENT RATE \$ _____

I hereby certify that the statements above are true and complete to the best of my knowledge.

Employer Signature

Title

Phone Number

Date

Please mail directly to the address provided above.

CREDIT CHECK INFORMATION

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Date of Birth	Social Security Number	Telephone Number
_____	_____	_____
Spouse: First Name	Middle Name	Social Security Number

CURRENT ADDRESS

_____	_____	_____
House #	Street Name	Street Type
_____	_____	_____
City	State	Zip

FORMER ADDRESS

_____	_____	_____
House #	Street Name	Street Type
_____	_____	_____
City	State	Zip