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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APPLICATION FOR RESIDENCY

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 (COLLECT-IBLE)	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 CALCU-LATION	TOTAL ASSETS	
OTHER PERSONAL PROPERTY	Vehicles			TOTAL LIABILITIES	
	Other				
	TOTAL ASSETS			NET WORTH	

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RIVERSIDE MEADOWS

CREDIT CHECK AUTHORIZATION

I (we) authorize Riverside Meadows, West States Homes Inc., Meadows Management Company LLC, and/or Four Hills Park Group LLC to make any inquires necessary in order to evaluate my (our) credit standing and to contact credit bureaus to obtain reports.

Applicant

Name: _____

Current Address: _____

_____

Telephone Number: _____

Social Security Number (TIN): _____

Date of Birth: _____

Date: _____

Signature: _____

Co-Applicant

Name: _____

Current Address: _____

_____

Telephone Number: _____

Social Security Number (TIN): _____

Date of Birth: _____

Date: _____

Signature: _____