



ITEMS REQUIRED TO PROCESS APPLICATION FOR RESIDENCY

- Copies of valid driver's license/state ID and Social Security card/ITIN for each applicant over the age of 18.

- Proof of income-acceptable forms include:
 - 2 most recent paycheck stubs or 2 months bank statements
 - Social Security benefit statements
 - Prior years Federal tax returns

- Monthly Lifestyle fee is \$ _____ *Increase January 1st, 2020*

Will a pet be living in the home? Yes/No

Was the pet policy discussed with you? Yes/No

Community Manager

Carol Combs

661-252-8216



APPLICATION FOR RESIDENCY

Each occupant over the age of 18 must complete separate applications

Community Name: _____

Application is for Home site #: _____

Date: _____

The following information is for the evaluation of all potential residents and for information in the case of an emergency. Information provided herein shall be used in relation to a lease contract and/or occupancy and will be kept strictly confidential.

APPLICANT (Personal Information)

APPLICANT'S Full Name: _____ Present Phone #: () _____

Present Address: _____ Owned? _____ Rented? _____

City, State, Zip: _____ How Long? _____

If Apartment or Mobile Home Park, Name: _____ Unit/Site #: _____

Manager/Landlord Phone No. () _____ Mo. Rent/Mortgage Payment _____

Previous Address: _____ Owned? _____ Rented? _____

City, State, Zip: _____ How Long? _____

If Apartment or Mobile Home Park, Name: _____ Unit/Site #: _____

Manager/Landlord Phone No. () _____ Mo. Rent/Mortgage Payment: _____

Date of Birth: _____ Social Security #: _____

Driver's License #: _____ State: _____

Present Employer: _____ Type of Work: _____

Employer Address: _____ Date Started: _____

City, State, Zip: _____ Phone #: () _____

Previous Employer (if currently employed less than 5 years OR if presently retired, last employer)

Name: _____ Type of Work: _____

Address: _____ How Long? _____

City, State, Zip: _____

ADDITIONAL OCCUPANTS

List Names, DOB, Ages and Relationships of all persons residing with you. (If necessary use a separate page)

Name: _____ DOB _____ Age: _____ Relationship: _____

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FINANCIAL INFORMATION

Monthly Income:

Gross Monthly Employment Income _____
 Social Security Income _____
 Pension Income _____
 Other Income (Source) _____
 Total Monthly Income _____

Bank Name: _____ Branch Name: _____
 Address _____ City, State, Zip: _____
 Active Ck Acct. #: _____ Active Saving Acct. #: _____

Major Credit References (including Visa, Master Card, etc.):

(1) _____ City/State: _____
 (2) _____ City/State: _____
 (3) _____ City/State: _____

Have you ever declared bankruptcy? Yes () No () please explain, including date: _____

Home Information:

Make/Model: _____ Year: _____ Size: _____ X _____

Do you own your mobile home? _____ Is your mobile home financed? _____ If Financed, please complete:

Name of Mortgage Company: _____

Address: _____

City, State, Zip: _____

Phone #: () _____ Mo. Payment \$ _____ Pmt. Date: _____ Acct. No. _____

VEHICLE INFORMATION

List all vehicles (including motorcycles, boats, motor homes, trailers, etc. Please refer to property guidelines for compliance.

Year	Make	Model	Plate #	State	Color
Year	Make	Model	Plate #	State	Color
Year	Make	Model	Plate #	State	Color
Year	Make	Model	Plate #	State	Color

ADDITIONAL INFORMATION

1. Have you been asked to terminate your residency, been evicted, or sued for non-payment of rent or damage to rental property? Yes () No (). If **Yes**, please explain:

2. Have you ever been convicted of a felony? Yes () No (). If **Yes**, please explain:

3. Have you ever been convicted of dealing, possessing or manufacturing illegal drugs? Yes () No () If **Yes**, please explain:

4. Your reason for leaving your present residence (reason for relocating)?

5. How were you referred to us? If current homeowner, please provide name and address.

ANIMALS

Will there be any animals living in the home? _____ If yes, please fill out information below and refer to the property guidelines to ensure compliance. Photo, Veterinarian records and proof of county license will be required at move in.

Type: _____ Breed: _____ Weight: _____

Name: _____

Type: _____ Breed: _____ Weight: _____

Name: _____

EMERGENCY INFORMATION

In case of emergency, notify: _____

Name: _____ Home Ph. () : _____

Address: _____ Work Ph. () : _____

City, State, Zip _____

AFFIDAVIT AND DISCLOSURE RELEASE

The undersigned represents that all of the above statements are true and complete and hereby authorize Cal-Am Properties, Inc. to verify such information. False information provided shall be grounds for rejection of this application, non-return of application fees and deposits and termination of the right of occupancy. Any false statement may constitute a serious criminal offense under the laws of this state.

As part of our procedure for processing your application, an outside agency will make an investigative report and present it to us for review. This report may include a criminal background search, prior rental history, a driving record check, employment history, social security verification, and credit record inquiry. By signing this application, you are releasing any and all persons, companies, agencies, or others from liability resulting from your background investigation. You are entitled to receive a disclosure of any and all information resulting from the investigation.

Signature of Applicant

FOR OFFICE USE ONLY

Application () Approved
 () Rejected

Date: _____

This application is approved/rejected as of _____ and, if approved, shall become a part of the Lease Agreement between the parties hereto.

By: _____

Signature: _____