Lot #: _____

ARROYO FAIRWAYS
42751 E. Florida Ave. • Hemet, CA 92544
(951) 927-1610 • Arroyo@ARCinvestments.com

RESIDENT APPLICATION

Important Notice

This community is intended an operated for occupancy by persons 55 years of age and older and, as such, adheres to the requirements of the Housing for Older Persons Act of 1995. The minimum age for all residents is 45 years of age.

Thank you for your application to reside in Arroyo Fairways! You're just a few short steps away from enjoying all the wonderful things that our 55-plus community has to offer in Hemet, CA nestled on the east end of town with beautiful views of the San Jacinto Mountains.

Arroyo Fairways has a large clubhouse, a heated pool, spa, shuffleboard courts, many fun scheduled activities and a 9-hole golf course allowing you to "Tee Off At Home" any day of the week! Arroyo Fairways is also a pet-friendly community (subject to breed and size restrictions) with a designated area for your pet to enjoy.

TENANCY CRITERIA

Pursuant to SB 274, our tenant acceptance criteria are listed below:

Identification:	*Proof of identity for all adult members (18 years of age or older) of the household, including Social Security verification.*
Credit:	*Minimum credit score of 620.*
Income:	*Verifiable take-home income must be greater than, or equal to, three-times the monthly base rent; and the sum of the monthly base rent and all debt divided by gross income must be less than 40%.*
Payment History:	*A minimum of two years satisfactory rental/mortgage payment history (maximum of 1 late payment in 24 months), and no violation notices issued.*
Employment History:	*Two years continuous employment with same employer or same field. No gaps in employment.*
Security Deposit:	*A security deposit equal in amount to one month's rent is required from all new tenants.*
Pets:	*All pets must be registered with the office, meet community breed and size restrictions, and proof of license and vaccinations must be provided.*

Applicants that fail to meet standard acceptance criteria and are denied may submit additional information for further consideration. A security deposit equal in amount to two month's rent may be required for approved applicants that do not meet the standard acceptance criteria.

Lot #: _____

ARROYO FAIRWAYS
RESIDENT APPLICATION

Application Date: _____

APPLICANT			CO-APPLICANT		
Full Name – Last, First, Middle:			Full Name – Last, First, Middle:		
Birth Date:	Social Security #:		Birth Date:	Social Security #:	
Driver's License #:	State:	Expiration Date:	Driver's License #:	State:	Expiration Date:
Marital Status: ☐ Married ☐ Unmarried ☐ Separated	# Dependents	Ages:	Marital Status: ☐ Married ☐ Unmarried ☐ Separated	# Dependents	Ages:
Current Address: (must provide 3 years of residency information)			Current Address: (must provide 3 years of residency information)		
City, State, Zip Code:			City, State, Zip Code:		
Cell Phone:	Home Phone:		Cell Phone:	Home Phone:	
Email Address:			Email Address:		
How long at current address: yrs mos	☐ Homeowner ☐ Family ☐ Renter ☐ Other	Mortgage/Rent: $	How long at current address: yrs mos	☐ Homeowner ☐ Family ☐ Renter ☐ Other	Mortgage/Rent: $
Name of Mortgage Holder or Landlord:	Telephone #:		Name of Mortgage Holder or Landlord:	Telephone #:	
Plans for Current Home?			Plans for Current Home?		
Previous Address:			Previous Address:		
City, State, Zip Code:			City, State, Zip Code:		
How long at previous address: yrs mos	☐ Homeowner ☐ Family ☐ Renter ☐ Other	Mortgage/Rent: $	How long at previous address: yrs mos	☐ Homeowner ☐ Family ☐ Renter ☐ Other	Mortgage/Rent: $
Name of Mortgage Holder or Landlord:	Telephone #:		Name of Mortgage Holder or Landlord:	Telephone #:	
Name of nearest relative NOT living with you:	Relationship:		Name of nearest relative NOT living with you:	Relationship:	
Address:	Phone:		Address:	Phone:	
Relationship between Applicant & Co-Applicant:			Will Co-Applicant be responsible for rent?		

Applicant's Employment History *(3 years of employment history is required)*

Current Employer: (☐ Self Employed)	Position Held – Job title:	Date Started:
City, State:	Supervisor name & telephone #:	Email address:
Base Pay (not including bonus, commission or overtime): Hourly Rate $ Weekly Rate $ Bi-Weekly Rate $ Monthly Rate $		

Previous Employer #1: (☐ Self Employed)	Position Held – Job title:	Date Started:
City, State:	Supervisor name & telephone #:	Date Left:
Base Pay (not including bonus, commission or overtime): Hourly Rate $ Weekly Rate $ Bi-Weekly Rate $ Monthly Rate $		

Previous Employer #2: (☐ Self Employed)	Position Held – Job title:	Date Started:
City, State:	Supervisor name & telephone #:	Date Left:
Base Pay (not including bonus, commission or overtime): Hourly Rate $ Weekly Rate $ Bi-Weekly Rate $ Monthly Rate $		

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Applicant's Other Income

Social Security Monthly Amount:	Pension Monthly Amount:	Disability Benefit Amount:	Other Monthly Amount:
Child Support Monthly Amount:	Ages of Children:	Alimony / Family Support Amount:	Duration:
Other Source:	How Long?	Monthly Amount:	

Co-Applicant's Employment History *(3 years of employment history is required)*

Current Employer: (☐ Self Employed)	Position Held – Job title:	Date Started:
City, State:	Supervisor name & telephone #:	Email address:
Base Pay (not including bonus, commission or overtime):		
Hourly Rate $ Weekly Rate $ Bi-Weekly Rate $ Monthly Rate $		

Previous Employer #1: (☐ Self Employed)	Position Held – Job title:	Date Started:
City, State:	Supervisor name & telephone #:	Date Left:
Base Pay (not including bonus, commission or overtime):		
Hourly Rate $ Weekly Rate $ Bi-Weekly Rate $ Monthly Rate $		

Previous Employer #2: (☐ Self Employed)	Position Held – Job title:	Date Started:
City, State:	Supervisor name & telephone #:	Date Left:
Base Pay (not including bonus, commission or overtime):		
Hourly Rate $ Weekly Rate $ Bi-Weekly Rate $ Monthly Rate $		

Co-Applicant's Other Income

Social Security Monthly Amount:	Pension Monthly Amount:	Disability Benefit Amount:	Other Monthly Amount:
Child Support Monthly Amount:	Ages of Children:	Alimony / Family Support Amount:	Duration:
Other Source:	How Long?	Monthly Amount:	

Assets and Credit Information

Applicant Bank Name: _____ Address: _____ ☐ Checking ☐ Savings Balance: $_____

Co-Applicant Bank Name: _____ Address: _____ ☐ Checking ☐ Savings Balance: $_____

Applicant Retirement/401K with: _____ Address: _____ Balance: $_____

Co-Applicant Retirement/401K with: _____ Address: _____ Balance: $_____

Auto #1: Yr/Make: _____ Financed: ☐ Yes ☐ No Lender, *if financed*: _____ Monthly Payment: $_____

Auto #2: Yr/Make: _____ Financed: ☐ Yes ☐ No Lender, *if financed*: _____ Monthly Payment: $_____

Other Asset: _____ Financed: ☐ Yes ☐ No Lender, *if financed*: _____ Monthly Payment: $_____

Applicant – Debts/Obligations		Co-Applicant – Debts/Obligations	
Child Support: $	Ages of Children:	Child Support: $	Ages of Children:
Alimony/Maintenance: $	Expiration Date:	Alimony/Maintenance: $	Expiration Date:
Garnishment: $		Garnishment: $	
Credit/Loans:		Credit/Loans:	
Credit/Loans:		Credit/Loans:	
Credit/Loans:		Credit/Loans:	
Other Obligations:		Other Obligations:	

Lot #: _____

Vehicle(s)

Make:	Model:	Year:	Vehicle License No.:	Make:	Model:	Year:	Vehicle License No.:

Pets Please provide the following information on all pets (**Note:** Weight and Height should be the maximum weight and height of pet(s) at maturity, not the current weight if an immature animal.)

Name	Type	Age	Breed	Weight	Height	Name	Type	Age	Breed	Weight	Height
	☐ Dog ☐ Cat ☐ Other						☐ Dog ☐ Cat ☐ Other				

Questions

If the answer is "yes" to any of the questions below, please explain on separate sheet. Check the correct "yes" or "no" box for Applicant or Co-Applicant

	APPLICANT	CO-APPLICANT
1. Have you declared bankruptcy within the last 10 years? If so, when did you file?	☐ Yes ☐ No Date:	☐ Yes ☐ No Date:
2. Have you ever been evicted from a rental residence or had a foreclosure of a home you owned?	☐ Yes ☐ No	☐ Yes ☐ No
3. Have you ever been late on rental payments in the past year?	☐ Yes ☐ No	☐ Yes ☐ No
4. Have you had any judgments, repossessions, garnishments, or other legal proceedings filed against you in the past 7 years?	☐ Yes ☐ No	☐ Yes ☐ No
5. Do you have any past due obligations to or insured by any agency of the Federal Government?	☐ Yes ☐ No	☐ Yes ☐ No

IMPORTANT – READ BEFORE SIGNING

MOBILEHOME PARK RENTAL AGREEMENT DISCLOSURE

THIS DISCLOSURE STATEMENT CONCERNS THE MOBILEHOME PARK KNOWN AS ARROYO FAIRWAYS LOCATED AT 42751 EAST FLORIDA AVE. IN THE CITY OF HEMET, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA.

THIS STATEMENT IS A DISCLOSURE OF THE CONDITION OF THE PARK AND PARK COMMON AREAS AS OF _____ *(date)* IN COMPLIANCE WITH SECTION 795.75.5 OF THE CIVIL CODE.

IT IS NOT A WARRANTY OF ANY KIND BY THE MOBILEHOME PARK OWNER OR PARK MANAGEMENT AND IS NOT A SUBSTITUTE FOR ANY INSPECTION BY THE PROSPECTIVE HOMEOWNER/LESSEE OF THE SPACE TO BE RENTED OR LEASED OR OF THE PARK, INCLUDING ALL COMMON AREAS REFERENCED IN THIS STATEMENT. THIS STATEMENT DOES NOT CREATE ANY NEW DUTY OR NEW LIABILITY ON THE PART OF THE MOBILEHOME PARK OWNER OR MOBILEHOME PARK MANAGEMENT OR AFFECT ANY DUTIES THAT MAY HAVE EXISTED PRIOR TO THE ENACTMENT OF SECTION 795.75.5 OF THE CIVIL CODE, OTHER THAN THE DUTY TO DISCLOSE THE INFORMATION REQUIRED BY THE STATEMENT.

The mobilehome park owner/mobilehome park manager is aware of the following:

A. Park or common area facilities	B. Does the park contain this facility?		C. Is the facility in operation?		D. Does the facility have any known substantial defects?		E. Are there any uncorrected park citations or notices of abatement relating to the facilities issued by a public agency?		F. Is there any substantial, uncorrected damage to the facility from fire, flood, earthquake, or landslides?		G. Are there any pending lawsuits by or against the park affecting the facilities or alleging defects in the facilities?		H. Is there any encroachment, easement, non-conforming use, or violation of setback requirements regarding this park's common area facility?	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Clubhouse	X		X			X		X		X		X	X	
Walkways	X		X			X		X		X		X	X	
Streets, roads, and access	X		X			X		X		X		X	X	
Electric utility system	X		X			X		X		X		X	X	
Water utility system	X		X			X		X		X		X	X	
Gas utility system	X		X			X		X		X		X	X	
Common area lighting system	X		X			X		X		X		X	X	
Septic or sewer system	X		X			X		X		X		X	X	
Playground		X												
RV Storage		X												
Parking areas	X		X			X		X		X		X	X	
Swimming Pool	X		X			X		X		X		X	X	
Spa pool	X		X			X		X		X		X	X	
Laundry	X		X			X		X		X		X	X	
Other common area facilities**	X		X			X		X		X		X	X	

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**If there are other important park or common area facilities, please specify (attach additional sheets if necessary): _____

The mobilehome park owner/mobilehome park manager is aware of the following other facilities:

A. Facility Description	B. Park contains facility?		C. Facility in Operation?		D. Known substantial defects?		E. Uncorrected public agency notices, etc.?		F. Substantial uncorrected damage?		G. Pending lawsuits affecting facility?		H. Encroachments, easements, etc. affecting facility?	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Golf Course	X		X			X		X		X		X	X	
Shuffleboard Courts	X		X			X		X		X		X	X	

Additional Items:

1. Arroyo Fairways homesites are equipped with 50 AMP electrical service.
2. The majority of the Golf Course is located in a flood zone.

If any item in C is checked "no", or any item in D, E, F, G, or H is checked "yes", please explain (attach additional sheets if necessary):

EASEMENTS and ENCROACHMENTS listed below

The mobilehome park owner/park manager states that the information herein has been delivered to the prospective homeowner/lessee a minimum of three days prior to execution of a rental agreement and is true and correct to the best of the park owner/park manager's knowledge as of the date signed by the park owner/manager.

Park Owner/Manager: Karla Rodriguez _____ By: _____
Print name Signature

Date: _____

EASEMENTS AND ENCROACHMENTS affecting the parcel on which the park is located that are believed to affect the common area facilities:

- Encroachments, overlaps, boundary line disputes, and any other matters which would be disclosed by an accurate survey and inspection of the premises.
- Easements or claims of easements not shown by public records

THE INFORMATION PROVIDED IN THIS APPLICATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

The undersigned Applicants(s) authorizes an investigation of their credit, rental history, banking and employment, and all information on this application. The Applicant(s) acknowledges that in the event a Lease or Rental agreement is executed, the Applicant's manufactured home is subject to approval by the management of the Community as provided in the Rules and Regulations and Lease Agreement.

The Applicant(s) represent and warrants that the above information is accurate, true and correct and has been provided for the purpose of informing the Management of the Community of all material factors to be considered in approving or rejecting the Applicant(s) for tenancy in the Community.

The Management of the Community has authorization to verify and all information on this application, including financial information, residential history (rental or mortgage), employment history, credit records, and court records. Applicant(s) authorizes and releases all persons providing information regarding Applicant(s) to the management of the Community, including but not limited to: landlords, employers, financial institutions, AmRent, or any other credit record reporting agency.

Applicant(s) agree to personally meet with Community Management prior to the closing of the manufactured home sale and prior to occupying the manufactured home. In addition, Applicant(s) agrees to provide at the time of title transfer, a copy of the current registration/title for the manufactured home.

The Applicant(s) acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of tenancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State. No oral agreements have been made.

_____ _____
Signature of Applicant Signature of Co-Applicant

_____ _____
Date Date

PLEASE DO NOT WRITE BELOW (FOR INTERNAL USE ONLY)

DEPOSIT: $_____ Received By: _____ Date Received: _____

Additional Documents attached to this application: _____