

COMMUNITY NAME:		FEE(S) RECEIVED \$ _____ Consumer Report = \$45 per Applicant Out-of-State Report = \$15 per Applicant per Out-of-State		CHECK ONE: Primary Resident Additional Occupant	
Community Info	DATE RECEIVED:		MANAGER'S NAME:		COMMUNITY PHONE NUMBER:
	REQUESTED MOVE-IN DATE:		REQUESTED SPACE NUMBER:		RENT AMOUNT:
	TOTAL NUMBER OF APPLICANTS:		TOTAL NUMBER OF OCCUPANTS IN HOME:		NUMBER OF VEHICLES:
INSTRUCTIONS: Please print clearly and legibly – All information MUST be filled out - DO NOT LEAVE ANY SECTIONS BLANK – IF NOT COMPLETED, APPLICATION MAY NOT BE CONSIDERED					
WE ARE AN EQUAL OPPORTUNITY HOUSING PROVIDER					
APPLICATIONS MUST BE COMPLETED BY ALL POTENTIAL OCCUPANTS 18 YEARS OF AGE OR OLDER AND/OR EMANCIPATED MINORS					
LEGAL NAME AS IT APPEARS ON GOVERNMENT ISSUED ID (FIRST, MIDDLE, LAST)					
SOCIAL SECURITY# / TIN:		DATE OF BIRTH:	SECONDARY GOVERNMENT ISSUED ID: <input type="checkbox"/> DRV. LIC. & STATE <input type="checkbox"/> STATE ID <input type="checkbox"/> PASSPORT		
			License #:		Exp. Date:
TELEPHONE:			EMAIL: Authorization to receive information via email		
WE REQUIRE THE MOST RECENT FIVE (5) YEAR RESIDENTIAL HISTORY ON ALL APPLICATIONS AND APPLICANTS. ATTACH AN ADDITIONAL SHEET IF NECESSARY					
CURRENT ADDRESS:			CITY:	STATE:	ZIP:
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> RESIDE WITH FAMILY	CURRENT MONTHLY PAYMENT:	LENGTH OF OCCUPANCY Yrs: Mths:		REASON FOR LEAVING:	
CURRENT LANDLORD NAME:		ADDRESS:		TELEPHONE:	
PREVIOUS ADDRESS:			CITY:	STATE:	ZIP:
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> RESIDE WITH FAMILY	PREVIOUS MONTHLY PAYMENT:	LENGTH OF OCCUPANCY Yrs: Mths:		REASON FOR LEAVING:	
PREVIOUS LANDLORD NAME:		ADDRESS:		TELEPHONE:	
PREVIOUS ADDRESS:			CITY:	STATE:	ZIP:
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> RESIDE WITH FAMILY	PREVIOUS MONTHLY PAYMENT:	LENGTH OF OCCUPANCY Yrs: Mths:		REASON FOR LEAVING:	
PREVIOUS LANDLORD NAME:		ADDRESS:		TELEPHONE:	
PREVIOUS ADDRESS:			CITY:	STATE:	ZIP:
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> RESIDE WITH FAMILY	PREVIOUS MONTHLY PAYMENT:	LENGTH OF OCCUPANCY Yrs: Mths:		REASON FOR LEAVING:	
PREVIOUS LANDLORD NAME:		ADDRESS:		TELEPHONE:	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF SO, WHERE & WHEN?		OFFENSE?
HAVE YOU EVER BEEN EVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF SO, WHERE & WHEN?		REASONING?
PETS: <input type="checkbox"/> DOG(S) # _____ <input type="checkbox"/> CAT(S) # _____ <input type="checkbox"/> OTHER # _____ <input type="checkbox"/> NONE			BREED/WEIGHT AT MATURITY (IN POUNDS):		
IF OTHER, PLEASE SPECIFY:					
INCOME INFORMATION					
NET MONTHLY INCOME:		SOURCE OF INCOME			
FREQUENCY OF INCOME: <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly		<input type="checkbox"/> SELF EMPLOYED ** tax return & bank statements (2 most recent report periods) <input type="checkbox"/> INVESTMENT/RETIREMENT/PERIODIC ** Savings, retirement or other investment statements (2 most recent reporting periods) <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> DISABILITY <input type="checkbox"/> EMPLOYED ** Two (2) months pay stubs <input type="checkbox"/> OTHER (Please explain) _____			
DATE OF HIRE:	HOW LONG RETIRED:				
IF EMPLOYED, PLEASE PROVIDE: NAME OF EMPLOYER:			POSITION:		TELEPHONE:
SUPERVISOR:		ADDRESS:			

OCCUPANTS UNDER AGE 18 <i>(Attach additional sheet if necessary)</i>					
OTHER INFORMATION	NAME	DOB	DRV. LIC. & STATE, STATE ID, OR PASSPORT #	SOCIAL SECURITY # / TIN	RELATIONSHIP
VEHICLE INFORMATION					
VEHICLE MAKE	YEAR	MODEL	LICENSE PLATE #	OTHER (RV, BOAT, ETC)	
<p>I/We certify that Community management has the right to refuse admission to any manufactured home if upon arrival at the Community, the home is not the same or in the same condition represented by the applicant in this application. Upon approval of this application, I/We will execute a written rental agreement and all other required documents prior to occupancy and within forty-five (45) days or approval for residency will be withdrawn. If I choose to submit a new application, a new application fee will be required.</p>					
APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION					
<p>I/We certify by signing below that, to the best of my/our knowledge, all statements are true and correct. We further authorize RIVERSIDE TRAILER COURT and its subsidiaries to obtain credit reports, character verification, rental history, employment history, public records, criminal history and personal references as necessary to verify all information put forth in the above referenced application for tenancy. False, fraudulent or misleading information or references as well as any returned check(s) for application fee(s) may be grounds for denial of tenancy or subsequent eviction.</p> <p>I/We hereby hold RIVERSIDE TRAILER COURT, its owners, agents and subsidiaries harmless from any liability for exchanging written or verbal information concerning my tenancy with prior landlords.</p> <p>By signing below, I authorize the preparation of an investigative report. For this purpose, I authorize and understand that investigative background inquiries are to be made on myself including consumer, criminal, driving and other reports. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, tenancy and other experiences. I release all of the above, including The Screening Pros, Manage America, CoreLogic, SafeRent, FAR, NCR, Origin and their agents to the full extent permitted by law from any claims, damages, losses, liabilities, and expenses arising from the retrieving and reporting of information. All reports will be kept confidential. Further, Landlord has my/our authorization to use said reports in working with any future collection actions).</p> <p>According to the Federal Fair Credit Reporting Act, I am entitled to know if I was denied based on the information obtained and to receive, upon written request to the appropriate credit reporting agency, a disclosure of the public record information and of the nature and scope of the investigative report.</p> <p>We acknowledge receipt of community's Screening Policy/Criteria. In addition to base application fees, I/we agree to pay directly to provider any and all additional fees and costs associated with obtaining information necessary to complete the application process.</p> <p>This application is not complete without payment of all required application fees by check or money order. This application will be denied upon failure to meet community's screening criteria and/or to provide required documentation, pursuant to law. Upon denial, landlord has no further obligation to consider this application.</p> <p>This application shall be automatically extended for an additional seven (7) days in the event all information necessary to complete this application is not provided to community within the time permitted by law.</p> <p>I, the undersigned applicant, do hereby certify that the information provided by me is true, accurate and complete to the best of my knowledge. Any copy of this document is as valid as the original.</p>					
PRINT FULL NAME:					
SOCIAL SECURITY NUMBER / TAX IDENTIFICATION NUMBER:			DATE OF BIRTH:		
CURRENT ADDRESS:					
CITY/COUNTY/STATE/ZIP:			<input type="checkbox"/> DRV. LIC. & STATE <input type="checkbox"/> STATE ID <input type="checkbox"/> PASSPORT # : _____ EXP DATE: _____		
APPLICANT'S SIGNATURE:			DATE:		