

Manufactured Housing Communities of Oregon

MHCO Form 01: Rental Application

Revised 1-28-2013 | This form is exclusively licensed to:

Name of Community/Park:

Address:

FEDERAL FAIR HOUSING

Classification of this community is: All ages 55 and Older 62	2 and Older
Application for Home site #	Date the site is needed
APPLICANT FULL NAME:	
Birth Date SS#	
Driver Lic#/State(attach copy)	
CO-APPLICANT'S FULL NAME	
Birth Date SS#	
Driver Lic#/State(attach copy)	
List all other persons who will live in the home. (Provide verification of	of age if 55 or older or 62 and older park.)
Name	_ SS#
Name	SS#
Name	SS#
Name	
Applicant's Present Address	
Phone	
Previous Address (if present address less than 2 years)	
Have you ever been evicted? Yes No When?	Where?
Name (of Landlord)	
Address:	Phone



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iolation: 100 No	n yee, piedee expla			
	EMPLOYN	MENT AND FINANCIAL II	NFORMATION	
pplicant's Present Em	ployer			
osition				
ddraaa			Phone	
Fross Salary			Supervisor	
Na Assalla II A II	.W. D			
Co-Applicant's Applicar Position	, ,			
Lavor Lavara				
address			Phone	
ross Salary			Supervisor	
upervisorddress	nployer		Employed from	to
g				
o-Applicant's Previous	. ,		 	
			Employed from	to
leason for Leaving				
ist all other sources of	household income and	I enough information to ve	arify.	
ist all other sources or	nousenoid income and	r enough imormation to ve	any.	



Phone:	
	Co-Applicant or other?
2. Source	
	
Phone:	
	Co-Applicant or other?
	CREDIT REFERENCES
Bank (Checking)	Branch
Checking #	
Bank (Savings)	Branch
Checking #	
Charge Accounts, Loans, Contracts,	etc.:
1	Address
Account #	
2	Address
Account #	
3	Address
Account #	
4	Address
Account #	
5	Address
Account #	
	LIST ALL OUTSTANDING DEBTS
1. Name	Phone
Amount Owed	Monthly Payment
2. Name	Phone
Amount Owed	



3. Name	Phone	
Amount Owed	Monthly Payment	
4. Name	Phone	
Amount Owed	Monthly Payment	
5. Name	Phone	
Amount Owed	Monthly Payment	
In the past seven years have you ever (circle) declared Yes No		osure, or repossession? Explain.
Make and Model Home	Size	
Year		
ID#		
Tip-out or Add-On: Left Side Right Side		
Present Location	Power Panel R	ating (amps)
Type of Heat		3 (3 1/2)
If Element Name of Line Holder		
Account #		
Phone		
Monthly Payment \$		
Sales Company or Broker		
Phone		
Address		
Monthly Payment \$		
I am the legal owner of this manufactured home/mobiler		
List all Vehicles by Makes, Models, Sizes and Years		



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Auto or Trucks	
Boats and RVs	
Trailers	
Motorcycles	
Other	
Pets (with written permission/pet agreement with the community ow Number of Pets Description(s)/Type	
Size (Wt./Ht.)	
EMERGENCY INFOR	MATION
Please contact the following in case of an emergency or death: Name Relationship Address	
Phone Name Relationship Address	
Phone	



I certify that all information is correct and complete. I understand that if any information is later found to be false, it shall be grounds for eviction. I authorize the community management to conduct any criminal record checks or credit checks or other inquiries necessary for verification of this information.

I understand that the community management has the right of refusal upon arrival of the manufactured home/ mobilehome described in this application, if there is any misrepresentation above or if the home arrives damaged or in bad condition.

	n of age if the community is a 55 and older or 62 and older par
tenant screening reports as he/she deems neces	to obtain such credit reports and ssary or prudent, and authorize and instruct any and all credit es to provide such reports to
	(or such longer period to which the landlord and prospective and accurate application, within which to accept or reject it.
Statement of Policy, Rules and Regulations and prosepective resident prior to signign the Rental/	a copy of the Rental/Lease Agreement must be presented to the /Lease Agreement.
PROSPECTIVE PURCHASER AND LANDLORD EXPLOAYS TO TWENTY (20) DAYS. Prospective Purchase	PRESSLY AGREE TO EXTEND SAID PERIOD FROM SEVEN er(s) Initial here:
APPLICANT'S SIGNATURE	Date:
CO-APPLICANT'S SIGNATURE	Date:
Spaces Assigned	Move In Date
Additional Information	

