

## **MHCO Form 01: Rental Application**

Revised 5-22-2013 | 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 and Application for Home site #	nd Older Date the site is needed
APPLICANT FULL NAME:	
Birth Date	
Driver Lic#/State(attach copy)	
CO-APPLICANT'S FULL NAME	
Birth Date	
Driver Lic#/State(attach copy)	
List all other persons who will live in the home. (Provide verification of a Name	SS# SS#
Applicant's Present Address  Phone  Previous Address (if present address less than 2 years)	
Have you ever been evicted? Yes No When?  Name (of Landlord)	
Address:	Phone



Reason for Eviction:				
In the nast years	s have you or any resid	ent of vour home been o	convicted of a crime including f	elony automob
	-			-
	, , , , , ,			
	EMPLOYN	IENT AND FINANCIAL	INFORMATION	
Applicant's Present Em	ployer			
Position				
How Long		_		
Address		· · · · · · · · · · · · · · · · · · ·	Phone	
Gross Salary	<del></del>		Supervisor	
Co Applicant's Applican	at'a Dragant Employer			
Co-Applicant's Applicar Position	it's Fresent Employer			
lalamm			<del></del>	
Address		_	Phone	
Gross Salary			Supervisor	
		D CO-APPLICANT'S E		
Phone	Position	Salary	Employed from	to
Reason for Leaving				
A -1-1				
			Employed from	to
ist all other sources of	household income and	enough information to v	rerify:	
1. Source				
Amount & Frequency _				
Address				



Phone:	
	t, Co-Applicant or other?
2. Source	
Amount & Frequency	
Phone:	
Who receives the money? Applicant	it, Co-Applicant or other?
	ODEDIT DEFEDENCES
	CREDIT REFERENCES
Bank (Checking)	Branch
Checking #	
Bank (Savings)	
Checking #	<del></del>
Charge Accounts, Loans, Contracts	s etc:
Onarge Accounts, Loans, Contracts	, ctc
1	Address
Account #	
2	Address
Account #	
3	Address
Account #	
4	
Account #	<del></del>
5	Addross
5	
Account #	<del></del>
	LIST ALL OUTSTANDING DEBTS
	LIST ALL OUTSTAINDING DEDTS
1. Name	Phone
Amount Owed	
2. Name	Phone
Amount Owed	Monthly Payment



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 HOME		osure, or repossession? Explain.
Make and Model Home	Size	
Year		
ID#		
Tip-out or Add-On: Left Side Right Side		
Present Location	Power Panel Ra	ating (amps)
Type of Heat		
If Financed, Name of Lien Holder		
Account #		
Phone		
Monthly Payment \$		
Sales Company or Broker		
Phone		
Address		
Monthly Payment \$		
I am the legal owner of this manufactured home/mobilel		
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.

the home title, insurance, and provide ver	· ·	· · ·
I, the undersigned, authorize and instruct tenant screening reports as he/she deems reporting agencies and tenant screening s	s necessary or prudent, and au	uthorize and instruct any and all credit
ORS 90.680 allows the landlord seven (7) purchaser agree) following receipt of a co	, , , ,	···
Statement of Policy, Rules and Regulation prosepective resident prior to signign the	• •	ase Agreement must be presented to the
PROSPECTIVE PURCHASER AND LANDLOR DAYS TO TWENTY (20) DAYS. Prospective Pu		` '
APPLICANT'S SIGNATURE		Date:
CO-APPLICANT'S SIGNATURE		Date:
Spaces Assigned	Move In Date	
Additional Information		

