

Application for Tenancy to Creek Locks Mobile Home Park

PROSPECTIVE TENANTS NAME:		
DATE OF BIRTH:	PROSPECTIVE TENANTS NAME:	
Email address:	SOCIAL SECURITY #:	
SPOUSE'S NAME:	DATE OF BIRTH:	
Or Companion's name)	Email address:	
Cmail address:	Or Companion's name)	
CHILDREN'S NAMES: Age: _	DATE OF BIRTH:	
Or other occupants) Age: Age: Age: f any child is over the age of 18, provide email address, social security number and copy of driver's license CURRENT ADDRESS: Years There: Telephone #: Cell Phone: CURRENT LANDLORDS NAME, ADDRESS & PHONE NUMBER: Telephone #: Fax #:	Email address:	
Age:	Or other occupants)	
f any child is over the age of 18, provide email address, social security number and copy of driver's license CURRENT ADDRESS:Years There:Telephone #: Cell Phone: Current LANDLORDS NAME, ADDRESS & PHONE NUMBER:Fax #:		
Telephone #: Cell Phone: Current LANDLORDS NAME, ADDRESS & PHONE NUMBER: Telephone #: Fax #:		le eman address, social security number and copy of driver's needse
Cell Phone:		Years There:
CURRENT LANDLORDS NAME, ADDRESS & PHONE NUMBER: Telephone #: Fax #:		Telephone #:
Telephone #: Fax #:		Cell Phone:
Fax #:	CURRENT LANDLORDS NAME, AD	DRESS & PHONE NUMBER:
		Telephone #:
Email:		Fax #:
		Email:
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REASON FOR LEAVING: ______

If current place or residence is less than 2 years, indicated previous place of residence

PREVIOUS LANDLORDS NAME, ADDRESS & PHONE NUMBER:

CURRENT EMPLOYER:	
Move out date: REASON FOR LEAVING: CURRENT EMPLOYER: EMPLOYER'S ADDRESS:	
CURRENT EMPLOYER:	
EMPLOYER'S ADDRESS:	
EMPLOYER'S PHONE / FAX #:	
EMPLOYER'S CONTACT:	
EMPLOYER'S CONTACT EMAIL ADDRESS:	
YEARS EMPLOYED:	
(If less than 1 year of current employment, please provide previous employment history, including all information noted above, and length of employment. This information can be provided in space provided at the end of this application form)
EMERGENCY CONTACT: (Name & Phone #)	
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LIST OF THREE CREDIT REFERENCES:

NAME	ADDRESS	PHONE / FAX NUMBERS	YEARS
Account #: _			
NAME	ADDRESS	PHONE / FAX NUMBERS	YEARS
Account #:			
NAME	ADDRESS	PHONE / FAX NUMBERS	YEARS
Account #: _		_	
LIST OF THREE	PERSONNEL REFERENCES: (No Rel	atives)	
NAME	ADDRESS	PHONE NUM	MBER YEARS
Email address:			



NAME	ADDRESS	PHONE NUMBER	YEARS
Email address:			
NAME	ADDRESS	PHONE NUMBER	YEARS
Email address:			
CHECKING ACCOUNT:			
BANK	ADDRESS OF BRANCH	ACCOUNT NUMBER	-
Phone / Fax number of branch:		-	
SAVINGS OR OTHER CHECK	ING ACCOUNT:		
BANK	ADDRESS OF BRANCH	ACCOUNT NUMBER	_
Phone / Fax number of branch:		-	
Additional Questions:			
	victed of a crime		
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2. Has your spouse	. Has your spouse or companion or any children listed as potential occupants ever been convicted of a crir			
If yes, please exp	lain:			
3. Have you ever fil	led for bankruptcy in the past seven (7) years:			
Applicant's Vehicle Infor	mation:			
Make:	Model:	Year:		
Color:	License Plate:	State of Registration:		
Companion or Other veh	icle information:			
Make:	Model:	Year:		
Color:	License Plate:	State of Registration:		
Animal information:				
Do you have any animals	that would be residing with you in the home:			
No				
Yes – plea	ase fill out Animal Addendum Application and	l submit with this Tenancy Application		

Additional Items to be submitted with application:

- 1. Copies of current drivers license for prospective tenant and spouse or companion
- 2. Current credit report of prospective tenant. (If you are applying a sub-tenant, the main tenant will need to supply us with a current copy of their credit report and the sub tenant's report.)

To the best of my knowledge I, the undersigned, believe this information is true as I have listed. Furthermore I hear by authorize Creek Locks Mobile Home Park's Owners, Management, and/or Authorized Agents permission to perform a credit history and personal history check.

Prospective Tenant

Date

220 Crow Hill Road, Delanson NY 12053



MAIL THIS COMPLETED SHEET TO:	CREEK LOCKS MOBILE HOME PARK LLC 220 Crow Hill Road Delanson, NY 12053	
If sending certified mail, Mail to:	Creek Locks Mobile Home Park, LLC 8 Railroad Avenue Albany, NY 12205	
Or fax to:	518-459-1154	
Or scan and email to:	info@creeklocksmhp.com	
Indicate what whose trailer or what lot numb	er you are interested in buying / renting or subletting:	
	Lot #:	
Additional comments or notes:		

PLEASE NOTE ANY MISREPSENTATION OR OMMISSION IN THIS APPLICATION OR ACCOMPANYING ADDENDUM APPLICATIONS WILL BE A DEFAULT AND GROUNDS FOR DENIAL FOR TENANCY, AS WELL A DEFAULT UNDER THE TERMS OF ANY LEASE OR ACCEPTANCE INTO COMMUNITY OF WHICH THIS APPLICATION AND ADDENDUM APPLICATIONS WERE USED

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