

BLACK ROCK

MANUFACTURED HOME COMMUNITY APPLICATION FOR RESIDENCY

LOT # _____ ADDRESS _____ Monthly Rent \$ _____ Application Fee: \$.00 Per Applicant
 In Park Resale Roommate New Home/Lot Rental Park Owned Rental Unit

APPLICANT INFORMATION

(Please provide 5 yrs of residency history)

LAST NAME	FIRST NAME	MIDDLE INITIAL
GENERATION (Jr, Sr, I, II, etc.)	DATE OF BIRTH	
SOCIAL SECURITY NUMBER	AGE	
EDUCATION	DRIVER'S LICENSE NO. ISSUING STATE	
CURRENT STREET ADDRESS		
CITY	COUNTY	STATE ZIP CODE
HOW LONG AT PRESENT ADDRESS?	TELEPHONE NUMBER ()	
NAME OF LANDLORD TELEPHONE ()	MONTHLY RENT OR MORTGAGE \$	
PREVIOUS STREET ADDRESS		
CITY	COUNTY	STATE ZIP CODE
HOW LONG AT PREVIOUS ADDRESS?	TELEPHONE NUMBER ()	
NAME OF LANDLORD TELEPHONE ()	MONTHLY RENT OR MORTGAGE \$	

CO-APPLICANT INFORMATION

SPOUSE CO-APPLICANT ROOMMATE OTHER GUARANTOR

(Please provide 5 yrs of residency history)

LAST NAME	FIRST NAME	MIDDLE INITIAL
GENERATION (Jr, Sr, I, II, etc.)	DATE OF BIRTH	
SOCIAL SECURITY NUMBER	AGE	
EDUCATION	DRIVER'S LICENSE NO. ISSUING STATE	
CURRENT STREET ADDRESS		
CITY	COUNTY	STATE ZIP CODE
HOW LONG AT PRESENT ADDRESS?	TELEPHONE NUMBER ()	
NAME OF LANDLORD TELEPHONE ()	MONTHLY RENT OR MORTGAGE \$	
PREVIOUS STREET ADDRESS		
CITY	COUNTY	STATE ZIP CODE
HOW LONG AT PREVIOUS ADDRESS?	TELEPHONE NUMBER ()	
NAME OF LANDLORD TELEPHONE ()	MONTHLY RENT OR MORTGAGE \$	

Applicant Initials _____

Co-Applicant Initials _____

OCCUPATION – Please provide 5 years of employment history (attach additional pages if necessary)

(IF YOU ARE IN THE MILITARY PLEASE INCLUDE YOUR DUTY STATION UNDER BUSINESS ADDRESS)

APPLICANT	CO-APPLICANT
CURRENT EMPLOYER	CURRENT EMPLOYER
BUSINESS ADDRESS	BUSINESS ADDRESS
BUSINESS TELEPHONE ()	BUSINESS TELEPHONE ()
TYPE OF BUSINESS	TYPE OF BUSINESS
POSITION	POSITION
NAME & TITLE OF SUPERVISOR	NAME & TITLE OF SUPERVISOR
HOW LONG?	HOW LONG?
MONTHLY GROSS INCOME \$	MONTHLY GROSS INCOME \$
OTHER MONTHLY INCOME \$ DESCRIBE	OTHER MONTHLY INCOME \$ DESCRIBE
PREVIOUS EMPLOYER	PREVIOUS EMPLOYER
BUSINESS ADDRESS	BUSINESS ADDRESS
BUSINESS TELEPHONE ()	BUSINESS TELEPHONE ()
TYPE OF BUSINESS	TYPE OF BUSINESS
POSITION	POSITION
NAME & TITLE OF SUPERVISOR	NAME & TITLE OF SUPERVISOR
HOW LONG?	HOW LONG?
MONTHLY GROSS INCOME \$	MONTHLY GROSS INCOME \$
OTHER MONTHLY INCOME \$ DESCRIBE	OTHER MONTHLY INCOME \$ DESCRIBE

MILITARY

IF YOU ARE IN THE MILITARY – DO YOU HAVE PCS ORDERS TO A NEW COMMAND IN THIS AREA OTHER THAN LISTED UNDER OCCUPATION ABOVE?	IF YOU ARE IN THE MILITARY - DO YOU HAVE PCS ORDERS TO A NEW COMMAND IN THIS AREA OTHER THAN LISTED UNDER OCCUPATION ABOVE?
IF SO - NEW DUTY STATION	IF SO - NEW DUTY STATION

BANKING REFERENCE

NAME OF BANK	ADDRESS	ACCOUNT NUMBER
CHECKING		
SAVINGS		

Applicant Initials _____

Co-Applicant Initials _____

CREDIT REFERENCES

NAME	ADDRESS	ACCOUNT NO.	MONTHLY PAYMENT
			\$
			\$
			\$
TOTAL OF ALL PAYMENTS			\$

MANUFACTURED HOME PURCHASE/FINANCING INFORMATION

PURCHASE PRICE: \$	DOWN PAYMENT: \$
LENDING INSTITUTION:	AMOUNT OF LOAN \$ MONTHLY PAYMENT \$
WHO WILL BE THE REGISTERED OWNER(S) OF THE HOME: LIST NAME(S) AS THEY WILL APPEAR ON THE TITLE: (PA Communities – homes must be owner occupied)	NAME, ADDRESS & PHONE # OF DEALER OR INDIVIDUAL FROM WHOM HOME WAS PURCHASED:

Be advised that EACH OF THE SIX (6) questions below must be answered in order to consider your application for residency in BLACK ROCK (check yes or no for each):

QUESTION	APPLICANT	CO-APPLICANT
1. Have you ever had a bankruptcy, legal judgement or collection filed against you?	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
2. Are you currently unemployed?	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
3. Has a Lanlord/Tenant Complaint ever been filed against you resulting in eviction? If Yes, please explain:	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
4. Have you ever initiated a lawsuit against any person or company? If Yes, please explain:	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
5. Have you ever been convicted of a felony?	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
6. How did you hear about our Community?	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES

MANDATORY AUTHORIZATION FORM

Applicant Initials _____

Co-Applicant Initials _____

RESIDENT INFORMATION SHEET

Lot # _____

Address: _____

City: _____, ST: _____ Zip: _____

RESIDENT (1) ON LEASE		RESIDENT (2) ON LEASE	
NAME		NAME	
Mailing address if different from physical address:		Mailing address if different from physical address:	
HOME/CELL PHONE ()	WORK PHONE ()	HOME/CELL PHONE ()	WORK PHONE ()
RESIDENT (3) ON LEASE		RESIDENT (4) ON LEASE	
NAME		NAME	
Mailing address if different from physical address:		Mailing address if different from physical address:	
HOME/CELL PHONE ()	WORK PHONE ()	HOME/CELL PHONE ()	WORK PHONE ()

CHILDREN (UNDER AGE OF 18) RESIDING IN THE HOME		
NAME	DATE OF BIRTH	RELATIONSHIP
NAME	DATE OF BIRTH	RELATIONSHIP
NAME	DATE OF BIRTH	RELATIONSHIP
NAME	DATE OF BIRTH	RELATIONSHIP
NAME	DATE OF BIRTH	RELATIONSHIP

OTHERS (OVER AGE OF 18) TO BE RESIDING IN THE HOME (app approval is required for each listed)		
NAME	DATE OF BIRTH	RELATIONSHIP
NAME	DATE OF BIRTH	RELATIONSHIP

TOTAL NUMBER OF PERSONS RESIDING IN THE HOME _____

MANUFACTURED HOME INFORMATION			
SIZE	YEAR	MANUFACTURER	VIN #
WHO WILL BE THE REGISTERED OWNER(S) OF THE HOME: LIST NAME(S) AS THEY WILL APPEAR ON THE TITLE:		A COPY OF THE TITLE CONFIRMING REGISTERED OWNER(S) MUST BE PROVIDED TO MANAGEMENT. ANY CHANGES IN TITLING MUST BE REPORTED IMMEDIATELY.	
HEAT SOURCE: (Please circle one) Propane Natural Gas Kerosene/Fuel Oil Electric		HEAT SOURCE PROVIDER NAME, ADDRESS & PHONE #:	

Applicant Initials _____

Co-Applicant Initials _____

RESIDENT INFORMATION SHEET – continued

Lot# _____

DECLARATION OF DOMESTICATED PETS						
Breed	Age	Color	Weight	Male/Female	Spayed	CAT or DOG

Please list any additional pets. NOTE: Farm and most exotic animals not allowed. Please check with management _____

I understand that all pets must be approved by management in writing prior to moving into BLACK ROCK Manufactured Home Community and a Pet Agreement must be signed for all pets approved by management upon the signing of the lease. Any misrepresentation on this form is cause for eviction from BLACK ROCK. Any of the following will also be cause for eviction or removal of pet(s):

1. Distribution of litters within the Community.
2. Failure to keep pet(s) leashed (held by a responsible individual) at all times (day and night). Leash not to exceed 10 feet.
3. Failure to keep area clean or to remove animal waste.
4. Dogs exhibiting aggressive behavior, barking dogs, howling cats, or loud noise produced by any other type pet disturbing neighbors.
5. Failure to register existing pets and any pet secured after this date.

VEHICLES			
YEAR	MAKE	LICENSE #	STATE

***THIRD VEHICLE, if any, subject to approval by management and extra vehicle fee.

Person(s) to contact in Case of Emergency:

NAME	ADDRESS	PHONE	RELATIONSHIP
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date

Park Manager

Date

Applicant Initials _____

Co-Applicant Initials _____