### **BLACK ROCK**

#### MANUFACTURED HOME COMMUNITY **APPLICATION FOR RESIDENCY**

		4	Application Fee:
LOT # ADDRESS Mon □ In Park Resale □ Roommate □ New Home/I	ıthly Rent \$ ∟ot Rental □ Park		00 Per Applicant
APPLICANT 1	NFORMATION	Owned Rental Of	iiit
	s of residency history		
LAST NAME	FIRST NAME	MIDDLE I	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	MONTHLY RENT OR MORT	GAGE \$	
TELEPHONE ( )			
PREVIOUS STREET ADDRESS			
CITY	COUNTY	STATE	ZIP CODE
HOW LONG AT PREVIOUS ADDRESS?	TELEPHONE NUMBER (	)	
NAME OF LANDLORD	MONTHLY RENT OR MORT	GAGE \$	
TELEPHONE ( )			
CO ADDITION	TATEODAT LETTON		
	T INFORMATION		
□ SPOUSE □ CO-APPLICANT □ ROO	MMATE □ O	THER G	UARANTOR
☐ SPOUSE ☐ CO-APPLICANT ☐ ROO! (Please provide 5 yr	MMATE □ O s of residency history	THER GO	
□ SPOUSE □ CO-APPLICANT □ ROO	MMATE □ O	THER G	
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GENERATION (Jr, Sr, I, II, etc.)	MMATE OS OF residency history FIRST NAME  DATE OF BIRTH  AGE  DRIVER'S LICENSE NO.	THER GO	
GENERATION (Jr, Sr, I, II, etc.)  SOCIAL SECURITY NUMBER	MMATE OS OF residency history FIRST NAME  DATE OF BIRTH  AGE	THER GO	
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CO-APPLICANT ROOF (Please provide 5 yr LAST NAME  GENERATION (Jr, Sr, I, II, etc.)  SOCIAL SECURITY NUMBER  EDUCATION  CURRENT STREET ADDRESS  CITY  HOW LONG AT PRESENT ADDRESS?  NAME OF LANDLORD	MMATE OS OF residency history FIRST NAME  DATE OF BIRTH  AGE  DRIVER'S LICENSE NO. ISSUING STATE  COUNTY  TELEPHONE NUMBER (	STATE	NITIAL
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CO-APPLICANT ROOM (Please provide 5 yr LAST NAME  GENERATION (Jr, Sr, I, II, etc.)  SOCIAL SECURITY NUMBER  EDUCATION  CURRENT STREET ADDRESS  CITY  HOW LONG AT PRESENT ADDRESS?  NAME OF LANDLORD TELEPHONE ( )  PREVIOUS STREET ADDRESS  CITY  HOW LONG AT PREVIOUS ADDRESS?	MMATE OS OF residency history FIRST NAME  DATE OF BIRTH  AGE  DRIVER'S LICENSE NO. ISSUING STATE  COUNTY  TELEPHONE NUMBER (  MONTHLY RENT OR MORT  COUNTY  TELEPHONE NUMBER (	STATE  STATE  )  STATE	NITIAL  ZIP CODE
GENERATION (Jr, Sr, I, II, etc.)  SOCIAL SECURITY NUMBER  EDUCATION  CURRENT STREET ADDRESS  CITY  HOW LONG AT PRESENT ADDRESS?  NAME OF LANDLORD  TELEPHONE ( )  PREVIOUS STREET ADDRESS  CITY	MMATE OS OF residency history FIRST NAME  DATE OF BIRTH  AGE  DRIVER'S LICENSE NO. ISSUING STATE  COUNTY  TELEPHONE NUMBER ( MONTHLY RENT OR MORT	STATE  STATE  )  STATE	NITIAL  ZIP CODE

## 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 I		BUSINESS ADDRESS			
BUSINESS TELEPHONE ( )		BUSINESS TELEPHONE (	)		
TYPE OF BUSINESS		TYPE OF BUSINESS			
POSITION		POSITION			
NAME & TITLE OF SUPERVISOR		NAME & TITLE OF SUPERV	TISOR		
HOW LONG?		HOW LONG?			
MONTHLY GROSS INCOME \$		MONTHLY GROSS INCOME	3 \$		
OTHER MONTHLY INCOME \$		OTHER MONTHLY INCOME			
PREVIOUS EMPLOYER		PREVIOUS EMPLO	OVER		
TREVIOUS ENT BOTEK		TREVIOUS ENTRE	JIEK		
BUSINESS ADDRESS		BUSINESS ADDRESS			
BUSINESS TELEPHONE ( )		BUSINESS TELEPHONE (	)		
TYPE OF BUSINESS		TYPE OF BUSINESS			
POSITION		POSITION			
NAME & TITLE OF SUPERVISOR		NAME & TITLE OF SUPERV	TISOR		
HOW LONG?		HOW LONG?			
MONTHLY GROSS INCOME \$		MONTHLY GROSS INCOME	E \$		
OTHER MONTHLY INCOME \$		OTHER MONTHLY INCOME	E \$		
DESCRIBE		DESCRIBE			
BESCRIBE		BESCRIBE			
	MILIT	CARY			
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			
	RANKING	REFERENCE			
NAME OF BANK		RESS	ACCOUNT NUMBER		
CHECKING					
SAVINGS					

Applicant Initials \_\_\_\_\_

		EFERENCES		
NAME	AI	DDRESS	ACCOUNT NO.	MONTHLY PAYMENT
				\$
				\$
				\$
TOTAL OF ALL PAYMENTS				\$
	HOME PURC	HASE/FINANCING I		
PURCHASE PRI CE: \$		DOWN PAYMENT: \$		
LENDING INSTITUTION:		AMOUNT OF LOAN \$		
		MONTHLY PAYMENT S		
NAME(S) AS THEY WILL APPEAR ON THE TITLE: (PA		WHOM HOME WAS PU		
Be advised that EACH OF THE SIX (6) que		ust be answered in or	der to consider your a	upplication for
Be advised that EACH OF THE SIX (6) que esidency in BLACK ROCK (check yes or n	o for each):	ust be answered in or	der to consider your a	
e advised that EACH OF THE SIX (6) que esidency in BLACK ROCK (check yes or n	o for each):			
e advised that EACH OF THE SIX (6) que esidency in BLACK ROCK (check yes or n  QUESTION  1. Have you ever had a bankdruptcy, legal judgement or collection filed against you?  2. Are you currently unemployed?	o for each):	ICANT	CO-APPI	LICANT
e advised that EACH OF THE SIX (6) que esidency in BLACK ROCK (check yes or n  QUESTION  1. Have you ever had a bankdruptcy, legal judgement or collection filed against you?	o for each): APPL □ NO	ICANT  UYES	CO-APPI	LICANT  □ YES
QUESTION  I. Have you ever had a bankdruptcy, legal judgement or collection filed against you?  2. Are you currently unemployed?  3. Has a Lanlord/Tenant Complaint ever been filed against you resulting in eviction?  If Yes, please explain:  I. Have you ever initiated a lawsuit against any person or company?	o for each):  APPL  NO	ICANT  UYES  UYES	CO-APPL  NO	ICANT  ☐ YES  ☐ YES
QUESTION  1. Have you ever had a bankdruptcy, legal judgement or collection filed against you?  2. Are you currently unemployed?  3. Has a Lanlord/Tenant Complaint ever been filed against you resulting in eviction?  If Yes, please explain:  4. Have you ever initiated a lawsuit against any person or	o for each):  APPL  NO  NO  NO	ICANT  □ YES  □ YES  □ YES	CO-APPL  NO  NO  NO	□ YES □ YES

MANDATORY AUTHORIZATION FORM

#### TO BE COMPLETED BY EVERY APPLICANT

I/We hereby affirm that the information provided on this application is true and correct to the best of my/our knowledge, information and belief, and that there will be no one living in the mobile home other than those named herein. I understand that this application will be considered incomplete unless signed, dated and accompanied by the non-refundable application fee.

I/We hereby authorize Landlord to obtain information it deems desirable in the processing of my application, including; credit reports, civil and/or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. Furthermore, I/we hereby release Landlord, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. I/we agree to pay a non-refundable application fee retained by Landlord as the agreed compensation for credit investigation, processing and verification of the application, other expenses and/or loss of rent, and the Landlord shall have no further obligation to applicant. In no event is the application fee refundable to the applicant, except in the event that the parties enter into a lease agreement and the Landlord fails to deliver possession of the premises as may be required thereby. The applicant hereby waives any claims for damages by reason of non-acceptance of this application, which the Landlord or his agent may reject.

I/we further understand that if my/our application is approved, as resident(s) of this community, all rental activity, including but not limited to: late and delinquent payments, NSF checks, collections/judgments, rule violations, damages, abandonment and eviction, will be submitted to a national reporting agency to be permanently recorded and accessible to any subscriber.

Applicant Signature	Date	Printed Name of Applicant	
Co-Applicant Signature	Date	Printed Name of Co-Applicant	
Signature of Park Manager	Date	Printed Name of Park Manager	

# **RESIDENT INFORMATION SHEET**

Lot #				
Address: City:	, ST: Zip:			
City.	, or 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	T 18) RESIDING IN THE HOME  DATE OF BIRTH  RELATIONSHIP			
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			
·	THE HOME (app approval is required for each listed)			
NAME DATE OF BIRTH	RELATIONSHIP			
NAME DATE OF BIRTH	RELATIONSHIP			
TOTAL NUMBER OF PERSONS RESIDIN	G IN THE HOME			
MANUFACTURED H	OME INFORMATION			
SIZE YEAR MANUFACTU	RER 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)	HEAT SOURCE PROVIDER NAME, ADDRESS & PHONE #:			
Propane Natural Gas Kerosene/Fuel Oil Electric				
Applicant Initials	Co-Applicant Initials Page 5 of 6			
* * <u></u>				

#### **RESIDENT INFORMATION SHEET – continued**

Lot#			

DECLARATION OF DOMESTICATED PETS						
		DECLARATI	ON OF DOMESTI	ICATED PETS		
Breed	Age	Color	Weight	Male/Female	Spayed	CAT or DOG
Service Control of the Control of th						
1					ſ	

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		

<sup>\*\*\*</sup>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	
Park Manager		Date	

Applicant Initials \_\_\_\_\_ Co-Applicant Initials \_\_\_\_