

# BLUE RIDGE

## MANUFACTURED HOME COMMUNITY APPLICATION FOR RESIDENCY

Application Fee: \$     .00 Per Applicant

LOT # \_\_\_\_\_ ADDRESS \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

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	
<b>CURRENT STREET ADDRESS</b>		
CITY	COUNTY	STATE                      ZIP CODE
HOW LONG AT PRESENT ADDRESS?	TELEPHONE NUMBER (        )	
NAME OF LANDLORD	MONTHLY RENT OR MORTGAGE \$	
TELEPHONE (        )		
<b>PREVIOUS STREET ADDRESS</b>		
CITY	COUNTY	STATE                      ZIP CODE
HOW LONG AT PREVIOUS ADDRESS?	TELEPHONE NUMBER (        )	
NAME OF LANDLORD	MONTHLY RENT OR MORTGAGE \$	
TELEPHONE (        )		

### 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	
<b>CURRENT STREET ADDRESS</b>		
CITY	COUNTY	STATE                      ZIP CODE
HOW LONG AT PRESENT ADDRESS?	TELEPHONE NUMBER (        )	
NAME OF LANDLORD	MONTHLY RENT OR MORTGAGE \$	
TELEPHONE (        )		
<b>PREVIOUS STREET ADDRESS</b>		
CITY	COUNTY	STATE                      ZIP CODE
HOW LONG AT PREVIOUS ADDRESS?	TELEPHONE NUMBER (        )	
NAME OF LANDLORD	MONTHLY RENT OR MORTGAGE \$	
TELEPHONE (        )		

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)

<b>APPLICANT</b>	<b>CO-APPLICANT</b>
<b>CURRENT EMPLOYER</b>	<b>CURRENT EMPLOYER</b>
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
<b>PREVIOUS EMPLOYER</b>	<b>PREVIOUS EMPLOYER</b>
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
			\$
			\$
			\$
<b>TOTAL OF ALL PAYMENTS</b>			\$

**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 BLUE RIDGE (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 BLUE RIDGE 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 BLUE RIDGE. 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 \_\_\_\_\_