



## COMMUNITY APPLICATION

Cash Sale   
  Lease   
  Resident to Resident Purchase   
 Address Applying For: \_\_\_\_\_

**APPLICANT**  
 Individual Application  
 Joint Application  
 Marital Status  
 Married  
 Separated  
 Unmarried

**CO-APPLICANT**  
 Relationship to Applicant  
 Marital Status  
 Married  
 Separated  
 Unmarried

First Name	M.I.	Last Name
Social Security #		
Driver's License #		
Date of Birth		
Phone Number		
Email Address		
# of Dependents		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relatives		
<input type="checkbox"/> Apt <input type="checkbox"/> Real Estate <input type="checkbox"/> Manufactured Home		
Current Housing Pmt	\$	
Disposition of Current Real Estate Owned		
Current Address, City, State & Zip Code		
How Long There?		
Landlord/Mortgage Holder		
Previous Address if less than 2 years at above		
How Long There?		
Landlord/Mortgage Holder		

First Name	M.I.	Last Name
Social Security #		
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Previous Address if less than 2 years at above		
How Long There?		
Landlord/Mortgage Holder		

Applicant Name
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Address Applying For
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EMPLOYMENT	Job Title
Employer Name	
Employer Address	
How Long There?	Phone Number

EMPLOYMENT	Job Title
Employer Name	
Employer Address	
How Long There?	Phone Number

MONTHLY INCOME	GROSS Before Taxes
Employment	
Social Security	
Other	
Total	

MONTHLY INCOME	GROSS Before Taxes
Employment	
Social Security	
Other	
Total	

**Previous job if less than 2 years at above**

EMPLOYMENT	Job Title
Employer Name	
Employer Address	
How Long There?	Phone Number

EMPLOYMENT	Job Title
Employer Name	
Employer Address	
How Long There?	Phone Number

MONTHLY INCOME	GROSS Before Taxes
Employment	
Social Security	
Other	
Total	

MONTHLY INCOME	GROSS Before Taxes
Employment	
Social Security	
Other	
Total	

Are there any outstanding judgments against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a party to a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a co-maker or endorser on a note?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Which account? _____				
Do you have any lease obligations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how much? _____ How long? _____				
Do you make any support or maintenance payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how much? _____ How long? _____				
Are you presently delinquent or in default on any Federal debt or any other loan, mortgage financial obligation, bond, or loan guarantee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a U.S. citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Applicant Name

Address Applying For

Are you a permanent resident alien?

Yes  No  Yes  No

Do you intend to occupy the property as your primary residence?

Yes  No  Yes  No

If Resident-to-Resident Purchase: Will you be financing the purchase of this home?

Yes  No  Yes  No

If YES, through which lending institution and what will your payments be?

\_\_\_\_\_  
Name of Lending Institution

\_\_\_\_\_  
Mortgage Payment

Were you referred to us by anyone? If yes, by whom?

Yes  No

\_\_\_\_\_  
Referrer's Name

\_\_\_\_\_  
Referrer's Address

**IMPORTANT-READ BEFORE SIGNING**

You warrant that the information you are furnishing above is true, accurate, supplied voluntarily, and not misleading. You authorize us, at our option: to check your credit and employment histories, and credit references; and to keep this application whether or not it is approved. If you ask, you will be told whether a credit report was requested, and if so, the name and address of any credit bureau from which we or our affiliates obtained your credit report. We may also verify your employment, pay, assets and debts. Applications expire 60 days from the date they are processed if conditions are not met. If your application expires, you will need to have another application run.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_

Applicant Name
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Address Applying For
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**APPLICATION ADDENDUM**

Site Lease Occupant Information: Pursuant to the terms of the Site Lease, each person living in the Home must be identified and approved by the Community Manager. Identified below are all requested Lease Occupants.

Name	Birth Date	Relationship to Applicant	Grade/Employer	Cell Ph # (if applicable)

Pets: List any and all pets that will be residing in the home (maximum of 2, where applicable).

Type of Pet		Height	Weight	Shots up to date?			
Cat	Dog			Yes	No		N/A
Cat	Dog			Yes	No		N/A
				Yes	No		N/A
				Yes	No		N/A

Vehicles: List all vehicles you plan on having in the community.

Model Year	Make of Vehicle	Model	Plate # / State / Exp Date	Lessee(s) Driver's License #

Closest Living Relative: Please provide the information for your closest living relative that does not live with you.

Applicant:

Name	
Phone Number	
Street Address	
City/State/Zip	
Relationship	

Co-Applicant:

Name	
Phone Number	
Street Address	
City/State/Zip	
Relationship	

Personal Reference: Please provide the information for your personal reference that does not live with you.

Applicant:

Name	
Phone Number	
Street Address	
City/State/Zip	
Relationship	

Co-Applicant:

Name	
Phone Number	
Street Address	
City/State/Zip	
Relationship	



# USA Patriot Act

## Customer Identification Notification

To assist the Federal government in fighting the funding of terrorism and money laundering activities, the Federal law now requires us to obtain, verify and record information that identifies each person who submits an application to us.

### What This Means to You

When you submit an application, we will ask you for your name, address, date of birth and other information that will allow us or others to identify you. We will ask to see a minimum of two (2) forms of identification, with at least one (1) ID from the Primary Identification Group.

### **Applicant**

Name exactly as on primary identification \_\_\_\_\_

Identification # \_\_\_\_\_ Issue date \_\_\_\_\_

Expiration date \_\_\_\_\_ Birth date \_\_\_\_\_

### **Co-Applicant**

Name exactly as on primary identification \_\_\_\_\_

Identification # \_\_\_\_\_ Issue date \_\_\_\_\_

Expiration date \_\_\_\_\_ Birth date \_\_\_\_\_

### **Primary Identification ("X" appropriate column)**

A	C	
<input type="checkbox"/>	<input type="checkbox"/>	State ID card with photo
<input type="checkbox"/>	<input type="checkbox"/>	US driver's license with photo
<input type="checkbox"/>	<input type="checkbox"/>	US passport with photo
<input type="checkbox"/>	<input type="checkbox"/>	US military ID with photo
<input type="checkbox"/>	<input type="checkbox"/>	Residence I-551 (green card)
		with signature, photo, date of issue and thumbprint

### **Secondary Identification ("X" appropriate column)**

A	C	
<input type="checkbox"/>	<input type="checkbox"/>	Credit card (do not copy)
<input type="checkbox"/>	<input type="checkbox"/>	Insurance card
<input type="checkbox"/>	<input type="checkbox"/>	Student ID
<input type="checkbox"/>	<input type="checkbox"/>	Utility bill
<input type="checkbox"/>	<input type="checkbox"/>	Medicare/Medicaid card
<input type="checkbox"/>	<input type="checkbox"/>	Voter's registration
<input type="checkbox"/>	<input type="checkbox"/>	Birth certificate
<input type="checkbox"/>	<input type="checkbox"/>	Social Security card

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Dealer Signature

\_\_\_\_\_  
Community