

PARK APPLICATION FOR RESIDENCY

APPLICANT NAME-LAST, FIRST, MIDDLE				CO-APPLICANT NAME-LAST, FIRST, MIDDLE			
APP. Birth Date	SOCIAL SECURITY #	DRIVERS LICENSE #	STATE	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED			
CO-APP. Birth Date	SOCIAL SECURITY #	DRIVERS LICENSE #	STATE	TELEPHONE ()			
APP. EMAIL ADDRESS:		CO-APP EMAIL ADDRESS:		ALT TELEPHONE ()			
PRESENT ADDRESS STREET		CITY	STATE	ZIP CODE	HOW LONG?		
PRIOR ADDRESS STREET		CITY	STATE	ZIP CODE	HOW LONG?		
APP. EMPLOYER	ADDRESS STREET		CITY	STATE	ZIP CODE		
APP. POSITION	HOW LONG?	MONTHLY SALARY	TELEPHONE ()				
CO-APP. EMPLOYER	ADDRESS STREET		CITY	STATE	ZIP CODE		
CO-APP. POSITION	HOW LONG?	MONTHLY SALARY	TELEPHONE ()				
ADDITIONAL INCOME – Please Specify	NUMBER OF Adults Children		PET	DESCRIPTION			
NAME AND DATE OF BIRTH OF EACH CHILD							
AUTO MAKE/MODEL/YEAR	TAG #	AUTO MAKE/MODEL/YEAR	TAG #				
HAS THE APPLICANT OR CO-APPLICANT EVER BEEN ARRESTED OR CONVICTED OF A CRIME? Answer Yes or No (If yes, Please Explain) INITIAL							
PERSONAL REFERENCE (Other than relatives)	ADDRESS-STREET	CITY	STATE/ZIP	TELEPHONE ()			
PRESENT LANDLORD / MORTGAGE CO.	ADDRESS-STREET	CITY	STATE/ZIP	TELEPHONE ()			
PRIOR LANDLORD / MORTGAGE CO.	ADDRESS-STREET	CITY	STATE/ZIP	TELEPHONE ()			
IN CASE OF EMERGENCY NOTIFY	ADDRESS-STREET	CITY	STATE/ZIP	TELEPHONE ()			
MOBILE HOME INFORMATION – MUST BE COMPLETED BY APPLICANT							
MAKE OF HOME	TITLE # (s)	SIZE	YEAR	VIN # (s)			
DECAL INFORMATION	FINANCED BY (NAME & ADDRESS)					TELEPHONE ()	
TO BE COMPLETED BY OFFICE							
NAME OF COMMUNITY LAUREL HIGHLANDS CAMPLAND				APPLICATION RECEIVED BY Michelle Carr			
DATE MOVED IN	RENT INCREASE DATE 1/1/2021	DEPOSIT AMOUNT	DEPOSIT RETURN DATE	TYPE OF SITE RENTAL			
HOMESITE ADDRESS		SITE #	Resident Received Copy of Park Prospectus & Rules / Date				

PLEASE READ CAREFULLY – APPLICANT(S) CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that if accepted, falsified statements on this statement shall be considered sufficient cause for eviction. You are hereby authorized to make any investigation of my personal and criminal history and financial and credit record through any investigation or credit agencies or bureaus of your choice.

DATE: _____

Signature of Applicant

Signature of Co-Applicant