

APPLICATION FOR RESIDENCY
IN HOMESTEAD RUN

Personal:

Name of Applicant: _____

Date of Birth: ____/____/____ Social Security Number: _____

Today's Date: ____/____/____ Phone Number: (____) _____

Present Address: _____

Driver's License Number: _____

Personal:

Name of Applicant: _____

Date of Birth: ____/____/____ Social Security Number: _____

Today's Date: ____/____/____ Phone Number: (____) _____

Present Address: _____

Driver's License Number: _____

Present & Previous Residency:

Present Landlord or Mortgage Co. _____

Address: _____

Phone Number: (____) _____ Years at Residence: _____

Monthly Rent or Mortgage Payment: _____

Previous Landlord or Mortgage Co. _____

Address: _____

Phone Number: (____) _____ Years at Residence: _____

Monthly Rent or Mortgage Payment: _____

Have you ever been requested to terminate your residency; or have you ever been evicted? Yes / No

If yes, answer the following:

Landlords Name: _____ Phone Number: (____) _____

Address: _____

Reason for termination or eviction: _____

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Vehicles:

Number of Automobiles: _____ Boats: _____ Other: _____

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

Employment:

Employer: _____

Address: _____

Position: _____ Gross Salary: _____

Immediate Supervisor: _____ Time employed: _____ Yrs. _____ Mos.

Employer: _____

Address: _____

Position: _____ Gross Salary: _____

Immediate Supervisor: _____ Time employed: _____ Yrs. _____ Mos.

Financial:

Name of Bank: _____ Checking / Savings / Loan

Account Number: _____ City: _____

Name of Bank: _____ Checking / Savings / Loan

Account Number: _____ City: _____

Credit Card: _____ Acct. No. _____

Credit Card: _____ Acct. No. _____

Credit Card: _____ Acct. No. _____

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FROM	APPLICANT A	APPLICANT B	TOTAL	Alimony, child support, or maintenance payments		
Base Pay				need not be included unless applicant income from		
Overtime				these sources be considered in connection with		
Bonuses				this application.		
Commissions				A or B	How Earned	Monthly Amount
Dividends						
Interest						
*Other						
Total			\$			Total \$
WRITTEN VERIFICATION OF INCOME IS REQUIRED!						
If you are self-employed, verification must be in the form of an				\$ _____ Total monthly obligations for pg. 2		
audited Profit & Loss statement and/or a signed Federal Tax				\$ _____ Lot rent		
Return for the past two(2) years.				\$ _____ Monthly loan quote		
DEBT/INCOME RATIO: _____%						
(Monthly Obligations + Gross Monthly Income)				\$ _____ Combined monthly obligations		

Person to notify in case of Emergency: _____

Address: _____

Pet: _____ Size: _____

Pet: _____ Size: _____

The undersigned represents that all statements made in this application for residency are true and correct.

The management has permission to verify any and all information offered on this application.

Applicant Signature Date

Applicant Signature Date

Manufactured Home Make _____ Serial No. _____

Year _____ Size _____ Condition _____
(Appearance must meet management approval)

Present Location _____

Present Owner _____