

PLEASE NOTE: MOBILE PROPERTIES CHARGES \$50 PER ADULT ON APPLICATION AS A PROCESSING FEE.
PAYMENT IS DUE WHEN APPLICATION IS SUBMITTED.

Application for Occupancy Information Sheet 1) Fill out application clearly and neatly including the consent to background and reference check. Please use

your legal name. Complete entire form, sign, and date.

and we will need a copy of that.

☐ Home in Compliance (if applicable)

park rules and regulations.

2) When you □	return the application to the office, please be sure to include the following with your application: <u>Check or Money Order</u> Make out money order to MOBILE PROPERTIES LLC
	Proof of income is required as follows: a. Currently employed - your last two paystubs b. Self - employed - your two most recent tax returns c. Retired - the benefit letter from Social Security, your pension fund, etc. PLEASE MAKE SURE THAT THE INFORMATION YOU PROVIDE IS THE MOST CURRENT THAT YOU HAVE.
	Photo ID Government issued photo ID, such as a driver's license, is required for all applicants.
	If you are currently renting, a landlord reference is required.
If purchasing	
	Signed Purchase Offer This is the purchase offer document showing you and the seller have agreed to a price.
	Proof of Cash Availability If you are paying cash for the home, you will need to bring proof that you have the money in an account. letter from a bank or a statement of some kind is acceptable.
	Proof of Financing If you are financing the home, you should receive a letter from the bank saying you are accepted

We process applications as quickly as possible, but delays can occur especially with the consent to background and reference check. If you have any questions, please call 718-484-9697 x 200.

Before an application will be processed, the home being purchased must be in compliance with

Application for Occupancy

**Area shaded in GREY should only be filled out if purchasing a home. Renters do NOT need to fill those sections **

COMMONITY / LOCATION APPLYING	FUR: _				-		
ANTICIPATED MOVE-IN DATE:		INTERES	STED IN UNIT/LOT #				
Applicant Information							
Last Name:					Married Single Separated		
First Name:					M.I.:		
Date of Birth:	SSN:				Home Phone:		
Cell Phone:	Work F	Phone:			Email:		
Current Address:							
City:	State:				ZIP Code:		
Own Rent (Please circle)	Monthl	ly payment or rent:		How Id	ong?		
Current Payment made to (Name & Phone)):						
Previous Address (only if at current address	s less th	an 4 years):					
City:	State:				ZIP Code:		
Owned Rented (Please circle)	Monthl	ly payment or rent:		How lo	long?		
Payment made to (Name & Phone):							
Auto / Year / Make:			Driver's License:	Driver's License:			
Bank Account (Checking, Savings):			Additional Income:**				
Have you been bankrupt in the last 7 years? Please explain: Are there any unsatisfied judgments or liens against you? Please explain:							
If you have received credit under another na	t name(s) used:	Additional obligations per week:** Support Alimony Other					
Employment Information							
Current employer:							
Employer address:			How long?				
City:	State:			ZIP Code:			
Phone:		E-mail:			Fax:		
Position:	Hourly Salary (Please circle)			Annual income:			
Supervisor's Name: Supervisor's Phone / Email:							
Previous Employer:							
Employer address: How long?							

City:	State:				ZIP Code:			
Phone:	E-mail:			Fax:				
Position:		Hourly Salary (Please circle)			Annual income:		
Supervisor's Name:	Supervisor's Phone / Email:							
Emergency Contact								
Name of a person not residing with you:								
Address:								
City:	State:		ZIP Code: Phone:					
Relationship:					•			
Co-Applicant Information (If A	Appli	cable)						
Last Name:						Married ☐ Single ☐ Separated ☐		
First Name:						M.I.:		
Date of Birth:	SSN:					Home Phone:		
Cell Phone:	Work	Phone:				Email:		
Current Address:								
City:	State:					ZIP Code:		
Own Rent (Please circle)	Monthly payment or rent:				ong?			
Payable To (Name, Address, City, State, Zi	p, Pho	ne):						
Previous Address (only if at current address	s less tl	han 4 years):						
City:	State:					ZIP Code:		
Owned Rented (Please circle)	Month	Monthly payment or rent:			How lo	w long?		
Payment made to (Name & Phone):								
Auto / Year / Make:			Driver's License:					
Bank Account (Checking, Savings):			Additional Income:**					
Have you been bankrupt in the last 7 years Please explain:		Are there any unsatisfied judgments or liens against you? Please explain:						
If you have received credit under another n	Additional obligations per week:** Support Alimony Other							
Co-Applicant Employment Inf	orma	ation						
Employer address:			How long?					
City:	State:				ZIP Code:			
Phone:		E-mail:			Fax:			
Position:	Hourly Salary (Please circle)			Annual income:				
Supervisor's Name:	Supervisor's Phone / Email:							

Previous Employe	er:										
Employer address				How lo	How long?						
City:			State:				ZIP Code:				
Phone:			E-mail:					Fax:			
Position:			Hourly	Salary	(Please	circle)		Annual income	e:		
Supervisor's Nam	e:		Supervisor's Phone /			/ Email:					
List Full Nar	nes of All Occup	ants V	Vho Wi	II Be Liv	ving Ir	The Unit	/ Man	ufactured l	Home		
Last Name			First Name			Birthdate					
Do any of the od	ccupants have any pet	s? Yes	s No		Do an	y occupants h	nave a	motorcycle? \	res No		
What type of an	imal?		Year, Make & Licen			nse Plate#:					
List All Insta	allment and Cred	it Card	d Acco	unts No	w Ope	en or Rece	ntly F	Paid			
Creditor:	Address:	Reaso Accour	n or nt Type	Acct. #		Acct in name of: Original Amount			Balance	Monthly payment	
N (D)	4: 0.01	·									
Nearest Rela	atives & Characte	er Refe	erence	S – List o	ne for e	each applica					
Name:		Addres	SS:			Phone:		Relationship:			
IMPORTANT NOTICE TO APPLICANTS – READ BEFORE SIGNING The undersigned certifies all information on this application is true and correct. You may verify this information and request consumer credit reports in connection with this application, renewal or credit update. You are authorized to exchange credit information regarding this application. If I ask you, you will tell me whether or not a report was requested and the name and address of the Consumer Reporting Agency that furnished the report. I understand that I have the right to receive a copy of such report by contacting the agency that furnished the report. I understand that this application cannot be processed if I have not attached proof of income as listed on the application or if I have not signed it, dated it or filled it out completely.											
Signature of Appli						Date:					
Signature of Co-Applicant:							Date:				

^{**} Alimony, Child Support or separate Maintenance Income need not be revealed if you do not wish it to be considered as a basis of your application. **

Additional Information

DO ANY OF THE OCCUPANTS HAVE ANY RECREATIONAL VEHICLES, INCLUDING BOATS, CAMPERS, SNOWMOBILES, TRAVEL TRAILERS, ATVs OR ANY VEHICLE OVER 1/2 TON? TYPE OF VEHICLE MAKE/MODEL SIZE COLOR INFORMATION ON MOBILE/HUD CODE HOME BEING PURCHASED MAKE YEAR SIZE COLOR **PRICE** MONTHLY PMT NAME & ADDRESS OF FINANCING SOURCE: RANGE GAS WATER HEATER GAS FURNACE GAS ELECTRIC ELECTRIC OIL **ELECTRIC** ELECTRIC SERVICE 50-100-200 AMP SERVICE **Consent to Background and Reference Check** I authorize Mobile Properties, LLC to obtain information about me from my credit sources, court records, current and previous landlords and employers and personal references. I authorize my credit sources, credit bureaus, current and previous landlords and employers, and personal references to disclose to Mobile Properties, LLC such information about me as he or she may request. Applicant Name **Applicant Signature** Date Co-Applicant Name

Date

Co-Applicant Signature



Employment Verification Authorization

Date:		
То:		
RE:		_
To Whom It Ma	y Concern,	
The above refer	renced borrower has applied to rent a manufactu	red home site.
furnish us with i	ess this application, we require verification of the information on the following page and return this be held in strict confidence.	
Authorized by:	Tenant/Applicant Signature	Date
	Tenant/Applicant Printed Name	
Very truly yours	5,	
Carrol Roth Office Manager Mobile Propertion		

Employment Verification

For				·		
Date hired			Position held			
Probability of continue	d employment					
Pay \$ *If paid hourly, please indicate	per	week [ch week durin	month year othe	r (specify)		
	YEAR TO DATE		PAST YEAR			
Base Pay _		_/month		_/month		
Overtime** _		_/month		_/month		
		_/month		_/month		
Bonus**_		_/month		/month		
Remarks						
For Military Personnel	Only					
Pay Grade		Pro Pay	/			
Base Pay		Flight or Hazard				
Rations		Quarters				
Clothing		Overse	as or Combat			
Signed						
Title			Date			

Note: The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law.