

Community			Date of Application				
PLEASE PRINT AND ANSWER ALL QUE	STIONS 1. APPLICANT						
Print Name:		Home Phone:					
Social Security # or ITIN #:	Date of Birth:			E-Mail Address:			
Current Address:		City:			State:	Zip:	
Previous Address:		City:			State:	Zip:	
2. OTHER OCCUPANTS - LIST BELOW REGULARLY. OCCUPANCY IS RESTRIC							
FULL NAME		RELATIONSHIP		AGE	DATE OF BIRTH	REMARKS	
3. CURRENT LANDLORD/MORTGAGE	E INFORMATIONOv	vn Ren	t Condo	_AptRes	idential Home Manuf	factured Home	
PRINT NAME:			PHONE #:				
ADDRESS:			FAX #:				
RENTAL DATES: FROM: TO:			MONTHLY RENT AMOUNT:				
4. PREVIOUS LANDLORD/ MORTGAG	EE INFORMATION						
PRINT NAME:			PHONE #:				
ADDRESS:			FAX#:				
DATES: FROM:	TO:	MONTHLY AMOUNT:					
5. OCCUPATION OF APPLICANT							
NAME & ADDRESS OF FIRM SUPERVISOR:		BUSINESS/EMPLOYER PH. #:					
	POSITION:			BUSINESS/EMPLOYER FAX #:			
	ANNUAL INCOME:			EMPLOYMENT DATES:			
PREVIOUS EMPLOYMENT IF LESS THAN 4 YEARS ON PRESENT	JOB						
NAME & ADDRESS OF FIRM	SUPERVISOR			BUSINESS/EMPLOYER PH.#:			
	POSITION			BUSINESS/EMPLOYER FAX#:			
	ANNUAL INCOME		EMPLOYMENT DATES:				

6. AUTOMOBILES					
HOW MANY AUTOS?	D	RIVER'S LIC. #	VERIFIED		
MAKE	MODEL YEAR	YEAR COLOR		LIC. PLATE#	STATE
,			'		
7. OTHER INCOME					
SOURCE	AMOUNT	PHONE #	F	REFERENCE	VERIFIED
8. REFERENCES (FINANCIAL REF	FERENCES)				
NAME		ADDRESS		ACCOUNT NUMBER	
BANK:					
BANK:					
CHARGE ACCOUNT:					
CHARGE ACCOUNT:					
9. PETS Do you have any pets that will be living	g with you? (if permitte	d) Yes No	If yes, how many	y?	
ТҮРЕ	BREED	ED WEIGHT		HEIGHT	AGE
10. Manufactured Home Information	n				
At what address in this community	do you intend to live	?			
Will your home be new or pre-own	ned?	Who is the seller	r		
Will your home purchase be financed?		If yes, what is the amount?			
Name(s) of lenders					
Is the seller carrying any additiona	l financing?	If yes, what is th	ne amount?		
Home manufacturer			Year_	Size	
Title holder		number			
Cotal monthly mortgage payment				Amount of mortgage	
				0 0 -	
Lienholder	ovided to manage	ment by means of titles or	tags and notari	zed bill of sale.	·····

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11. Emergency into	rmation			
Member of your in	nmediate family		Relationship	
Street Address		City & State or Province	Zip Code	Telephone Number
Another emergency	contact		Relationship	
Street Address		City & State or Province	Zip Code	Telephone Number
12. General Informa	tion			
Have you ever live	d in a manufactured housing o	community before?	Do you now?	·
If so, what commu	nity?			
How did you learn	of this community?	Newspaper Name of public	ation	
Magazine	eName of publication		Issue _	
	s? Driving by?			
Other, ple	ease specify			
_	-	ce, what is the address of your primary residence		
Street A	ddress	City & State or Province	Zip Code Te	lephone Number
Last Name,	First Name	Telephone Number		
Last Name,	First Name Please provide any	Telephone Number y other information that will help	us evaluate your appl	lication.
necessary, for the civil and criminal necessary inform furnisher of sucl understand that	e purpose of evaluating my I information, records of ar ation. I hereby expressly h information, from any l	Inc., its affiliates and subsidiaries, to obta application. I understand that such informerst, rental history, employment/salary det release Lakeshore Communities, Inc., its aliability whatsoever in the use, procurement ion may be provided to various local, statent agencies.	nation may include, but is not ails, vehicle records, licensi affiliates and subsidiaries, a nent, or furnishing of such	ot limited to, credit history ng records, and/or any oth nd any procurer or information, and
and subsidiaries r have no right to o	rely on these representation occupy a home or homesite tial payments. I understand	tatements are correct and complete and that in determining whether to lease to me a in the community until and unless this application that any misrepresentation on this application.	home and/or homesite in the plication is approved, a leas	e community. I agree that I e is signed and I have mad
	Applicant # 1 Print Name		ture	Date
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