Amelia Island Mobile Home Park, LLC

CHECKLIST OF ITEMS NEEDED TO PROCESS APPLICATION

Completed application
Employment Verification Form – Sign Only
Rental History Verification Form – Sign Only
Items Needed: 1. Application fee (\$50) 2. 2 years of tax returns 3. 2 full months of bank statements 4. 4 weeks of pay stubs 5. Picture ID
Your credit report by: www.AnnualCreditReport.com (unless score is 700+)
My credit score is

APPLICATION - LOT RENTAL & MOBILE HOME RENTAL or LEASE-OPTION

Co-applicants must complete a separate rental application.

the information provided to us in entirely confidential and our institution does not prove information with third party. We take the executive of your belongation excitorate and who example to be a part information excess.

Date of Application: _	How did you hear about us?			
	This section to	be completed by man	agement.	
1 st Choice	2 nd Choice	<u>ce</u>	3rd Choice	
Stk # Lot #	Stk #	Lot #	Stk #	Lot#
Move-in Date:		L/P Term:		
Initial Payment: \$				
ł				
APPLICANT INFORM	ATION			
				
Full Name:	(Last)	(First)		(DOB)
Home Phone:		_Work / Cell Phone:		
Driver's License #:		Sta	ate:	
Social Security #		Applicant email:		
Highest education				
Spouse Name:	(Last)	(First)		(DOB
Home Phone:				
Driver's License #:		Sta	ate:	
Social Security #		Spouse email:	V	
Circle the following				
55				
Single	Married	Divorced	Separated	
Highest education				

ADDITIONAL OCCUPANTS

Name	Age	Relation ship	Name	Age	Relation ship

RESIDENTIAL HISTORY

Have you or your co-	applicant ever live	ed in any of our pro	perties? Yes	s No
When?	Where?			
Current Address:				
	Street #	and	name	
(City)		(State)		(Zip)
Occupied: From		to		_
Landlord:		Monthly	Payment: \$_	
Landlord's Phone:				
Reason for Moving: _				
Do you have a lease?	From	when	To when	
Previous Address:	Street # and name			
Occupied: From	(City)	(State) to		(Zip)
Landlord:				
Landlord's Phone:		_ Landlord's FAX:		
Reason for Moving: _				

EMPLOYMENT HISTORY Current Employer: Employer's FAX: Employer's Phone: Position: _____ Supervisor: _____ Dates Employed: ______ to _____ Salary: \$ _____ per ____ Previous Employer: Employer's FAX: Employer's Phone: Position: Supervisor: Dates Employed: ______to ____per _____ Spouse's Employer: Employer's FAX: Employer's Phone: Supervisor: ____ Position: Dates Employed: to Salary: \$ _____per ____ All Other Sources of Income: ______\$____ BANK & CREDIT REFERENCES Bank Name: _____ Phone: _____ City/State: _____FAX: _____ Checking Account #: _____Savings Account # _____ Credit Card Company: _____ Phone: _____ Account #: ______FAX: _____ Monthly Payment: ______Balance Owed: _____ Credit Card Company: _____ Phone: _____ Account #: ______FAX: _____ Monthly Payment: ______Balance Owed: MONTHLY EXPENSES (include car, student, and personal loans, credit card payments, utilities, insurance of all types, child support, alimony, and any other monthly obligations.) FAX Payment to: Account # Monthly Balance Phone

Payment

Owed

\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

<u>VEHICLE INFORMATION</u> (including motorcycles, trailers, RVs, boats)

Make	Model	Year	Own / Lease	Lic. Plate # / State
VI 18 400 47 18				
				······································
İ				

PERSONAL REI					
Personal Refere	ince Name:				
Home Phone:		Cell/Work:	Relationship:		
Personal Refere	nce Name:		**********		.,
Home Phone:		Cell/Work:	Relationship:		
EMERGENCY C	ONTACTS				
Emergency Con	tact Name:				
Home Phone:		Cell/Work:	Relationship:		
Emergency Con	tact Name:				
		Cell/Work:			
MISCELLANEO	<u>us</u>				
Have you ever:	Been evicte Been 2 or i	ankruptcy in the past seve ed from a rental residence more months late on rental icted of a felony?	e? al payments?	☐ Yes ☐ Yes ☐ Yes	

	AUTHORIZATION
This application must be signed by the Manager and is subject to the Landlor	applicant before consideration by the Land i's approval.
knowledge and belief. I understand the application are grounds for disqualification Manager to contact all references give	le in this application are true and correct to at any misrepresentations or omissions of fa tion from further consideration. I authorize in in this application and to conduct a credit in any authorized credit reporting agency.
I agree to pay a \$50 non-refundable I understand that if my application is a toward my initial payment.	Application Fee. oproved the total application fee of \$50 will a
I understand that if my application is a toward my initial payment.	Application Fee. oproved the total application fee of \$50 will a
l understand that if my application is a toward my initial payment. Applicant's Signature:	oproved the total application fee of \$50 will
I understand that if my application is a toward my initial payment. Applicant's Signature: Applicant's Printed Name:	oproved the total application fee of \$50 will be a possible of \$50 wil
I understand that if my application is a toward my initial payment. Applicant's Signature: Applicant's Printed Name: Spouse's Signature:	oproved the total application fee of \$50 will be because the body and because the bo
I understand that if my application is a toward my initial payment. Applicant's Signature: Applicant's Printed Name: Spouse's Signature: Spouse's Printed Name:	pproved the total application fee of \$50 will be a possible by Date: Date:
I understand that if my application is a toward my initial payment. Applicant's Signature: Applicant's Printed Name: Spouse's Signature: Spouse's Printed Name:	Date: Date:

EMPLOYMENT VERIFICATION FORM

Credit Applicant

Employer information	Credit A	pplicant		
Name:	Name:			
Address:	Address			_
Fax:	Social Security	y #	(last 4 dig	its)
We are processing a credit application for the above him/her that he/she is employed by you, or was for that the information supplied by you will be held in Thank you, You are hereby authorized to release to Boyd R	merly employed by a confidence by us.	y you. Please be as	sured	mation requeste
Credit applicant	Dat	e		
*************	********	******	*****	**
Email to: ameliai				
Present Position:		13-45		
Current base pay:	() Hourly	() Weekly	() Month	ly
How many hours a week:Overti	ime pay:	Bonus:		
Annual Income: Prob	ability of continue	d employment:		
Additional comments:				
Employer signature	J	Date		

RENTAL HISTORY VERIFICATION FORM

<u>Landlord information</u>	Credit Applicant
Name:	Name
Address:	
Fax #	Account #
We are processing a credit application for the him/her that you are/were his/her landlord the information supplied by you will be help	he above referenced party and have been informed by at their current/former address. Please be assured that
Credit applicant	Date
(Signature)	Date
*	eliaislandmhp@gmail.com
Tenant has rented from:	to
Amount of Rent:	per
Lease expiration date:	
Amount Currently Past Due:	
Number of late payments in the last 12 mor	nths:
Has the resident complied with all commun	nity policies?
Would you rent to this tenant again?	
Any damage to the unit?	
Landlord	Date