



APPLICATION INSTRUCTIONS

NAME (S): _____

PRESENT ADDRESS: _____

TELEPHONE NUMBER: _____

- _____ Complete and sign application
- _____ Pay \$400 security deposit (money order)
- _____ Sign credit report authorization
- _____ Complete the employment verification
- _____ Sign the residency verification

Get copies of the following:

- _____ Drivers license (applicants and any resident over 16)
- _____ Social security card (applicants only)
- _____ Pay stub (applicants only)
- _____ Home purchase agreement
- _____ Loan approval verification

***All items above must be completed prior to approval**

APPLICATION FOR RESIDENCY

NAME-LAST		FIRST	MIDDLE	JR./SR.	MAIDEN NAME	
BIRTH DATE	SOCIAL SECURITY #	DRIVER LICENSE #			MARITAL STATUS O MARRIED O SINGLE O DIVORCED	
HOME PHONE NUMBER		CELLULAR PHONE			PAGER	
PRESENT ADDRESS		CITY	STATE	ZIP	HOW LONG	
PRIOR ADDRESS		CITY	STATE	ZIP	HOW LONG	
EMPLOYER		ADDRESS			STATE	ZIP
POSITION		MONTHLY SALARY	HOW LONG		BUSINESS TELEPHONE ()	
CO-APPLICANT NAME-LAST		FIRST	MIDDLE	JR./SR.	MAIDEN NAME	
CO-APPLICANT BIRTH DATE	SOCIAL SECURITY #	DRIVER LICENSE #			MARITAL STATUS O MARRIED O SINGLE O DIVORCED	
CO-APPLICANT HOME PHONE NUMBER		CELLULAR PHONE			PAGER	
CO-APPLICANT PRESENT ADDRESS		CITY	STATE	ZIP	HOW LONG	
CO-APPLICANT PRIOR ADDRESS		CITY	STATE	ZIP	HOW LONG	
CO-APPLICANT EMPLOYER		ADDRESS			STATE	ZIP
CO-APPLICANT POSITION		MONTHLY SALARY	HOW LONG		BUSINESS TELEPHONE ()	

ADDITIONAL MONTHLY INCOME - PLEASE SPECIFY

AUTO-YEAR, MAKE, MODEL		LICENSE #	AUTO-YEAR, MAKE, MODEL		LICENSE #
NUMBER OF CHILDREN	NAMES				AGES
PETS	DESCRIPTION			NUMBER OF OCCUPANTS ADULTS CHILDREN	
BANK	BRANCH	CHECKING #		SAVINGS #	
CREDIT REFERENCE NAME (Major credit cards, if any)	ACCOUNT #	ORIGINAL BALANCE		AMOUNT OWING	
1)		\$		\$	
2)		\$		\$	
PERSONAL REFERENCE (Excluding relatives or employers)	ADDRESS			PHONE NUMBER ()	
PERSONAL REFERENCE (Excluding relatives or employers)	ADDRESS			PHONE NUMBER ()	
IN CASE OF EMERGENCY NOTIFY	ADDRESS			PHONE NUMBER ()	

LIST ANY PRIOR JUDGEMENTS BY LANDLORDS AND GIVE DETAILS

MAKE OF HOME	# OF BEDROOMS	SIZE	YEAR	SERIAL #
DEALER	SALESPERSON	DEALER PHONE NUMBER ()		FINANCED BY

TO BE COMPLETED BY COMMUNITY:

DATE	APPLICATION RECEIVED BY	ADDRESS OF HOMESITE RENTED		
LOT #	DEPOSIT	RENT	HOME PAYMENT	MOVE-IN DATE

PLEASE READ CAREFULLY - APPLICANT'S CERTIFICATION AND AGREEMENT

I/WE HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT IF THE APPLICATION IS ACCEPTED, FALSIFIED STATEMENTS SHALL BE CONSIDERED SUFFICIENT CAUSE FOR EVICTION. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY/OUR PERSONAL HISTORY AND FINANCIAL AND CREDIT RECORD THROUGH ANY INVESTIGATION OR CREDIT AGENCIES OR BUREAUS OF YOUR CHOICE.

APPROVED BY _____	DATE _____	SIGNATURE OF APPLICANT _____	DATE _____
		SIGNATURE OF CO-APPLICANT _____	DATE _____



CREDIT REPORT AUTHORIZATION

As prospective resident(s) of Quail Run Community, I (we) understand credit information may be necessary to complete my (our) application for residency. A credit report may be ordered directly by Quail Run or through another source. The request for a credit report may be shown as an "inquiry" on future reports. Also my (our) present or former landlord or mortgage lender may be asked to provide a history of payments.

I (we) authorize the procurement and use of credit information to determine eligibility for residency and understand that refusing this authorization will mean rejection of my (our) application.

Applicant's Name: _____

Date of Birth: _____ Social Security Number: _____

Present Address: _____

City/State/Zip Code: _____

Name of Landlord or Lender: _____

Address: _____

City/State/Zip Code: _____

Signature: _____

Co-Applicant's Name: _____

Date of Birth: _____ Social Security Number: _____

Present Address: _____

City/State/Zip Code: _____

Signature: _____



EMPLOYMENT VERIFICATION

Name: _____

Social Security Number: _____

Work Identification Number: _____

I authorize my employer to release the following information to Quail Run Community for my application processing. All information received will be kept confidential.

Signature of Applicant

Date

To be filled out by employer:

Employer: _____

Address: _____

Telephone Number: _____

Employment Dates: _____ to _____

Salary \$ _____ Hourly \$ _____ Weekly \$ _____

Monthly \$ _____ YTD Earnings \$ _____

Full Time: yes no (circle one) Hours Per Week _____

Signature of person providing information

Date

Name of person providing information

Telephone Number

Title



RESIDENCY VERIFICATION

Name: _____

Address: _____

I/We authorize Quail Run to obtain residency verification for my/our application process. All information received will be kept confidential.

Signature of Applicant Date Signature of Co-Applicant Date

To be filled out by previous landlord:

Community: _____

Residency from: _____ to _____

Monthly Rent: \$ _____

Payment History for _____ months of residence:

Late Payments (Number of Times)

_____ 30 Days _____ 60 Days _____ Over 90 Days

Did your community ever obtain a judgment against the above applicants for late payments?

If yes, please list the date of each judgment: _____

Did your community ever have eviction proceedings against the above applicants? _____

If yes, when and for what? _____

Any further comments: _____

Signature of person providing information Title & Telephone Number

Print name of person providing information Date