

CANYON VIEW ESTATES
APPLICATION FOR RESIDENCY

PLEASE INCLUDE THE FOLLOWING ITEMS WITH YOUR APPLICATION:

1. PICTURE IDENTIFICATION (Legible)
2. \$50.00 cashier's check or money order, payable to Canyon View Limited. (Good for two people on initial application.)
3. Two months of pay stubs.
4. Two months of bank statements (nothing crossed out.)
5. Proof of funds for the purchase.

ALL ITEMS AND PAGES OF THE APPLICATION ARE TO BE COMPLETED.

RE: Prospective CVE Address: _____ Lot# _____

**CANYON VIEW ESTATES
APPLICATION FOR RESIDENCY
(661) 252-0991
canyonviewlimited@yahoo.com**

PERSONAL

Applicant(s) Full Name:

1: _____ DOB: _____
(Please type or print)

2: _____ DOB: _____
(Please type or print)

Home Phone # (____) _____ Cell #'s: 1.(____) _____ 2.(____) _____

E-mail(s): 1. _____ 2. _____

Home Address: _____

Social Sec. Number(s): 1. _____ 2. _____

Driver's License Number(s): 1. _____ State _____ 2. _____ State _____

Number of Other Occupant(s): _____ Names, Ages & Relationships: _____

Previous Address: _____

Please attach legible copy of your driver(s) license(s).

RESIDENCY

Present Landlord or Mortgage Co. _____

Address: _____

Landlord or Mort. Co. Phone No: (____) _____ Monthly Payment: \$ _____

Length of Residency: _____ years and/or mos.

Previous Landlord or Mortgage Co. _____

Address: _____

Landlord or Mort. Co. Phone No: (____) _____ Monthly Payment: \$ _____

Length of Residency: _____ years and/or mos.

Have you ever been asked to terminate your residency elsewhere, or have you ever been evicted?
Yes/No. If yes, please provide pertinent details: _____

VEHICLES

Number of Cars: _____ Other Vehicles/Description: _____

Make/Model: _____ Color: _____ Yr.: _____ Lic#/St.: _____

Make/Model: _____ Color: _____ Yr.: _____ Lic#/St.: _____

Make/Model: _____ Color: _____ Yr.: _____ Lic#/St.: _____

EMPLOYMENT

Present Employer: 1. _____ Phone: (____) _____

Address: _____

Position: _____ Net Monthly Income: _____

Length of Employment: _____ Immediate Supervisor: _____

Previous Employer: 1. _____ Phone: (____) _____

Address: _____

Position: _____ Net Monthly Income: _____

Length of Employment: _____ Immediate Supervisor: _____

Present Employer: 2. _____ Phone: (____) _____

Address: _____

Position: _____ Net Monthly Income: _____

Length of Employment: _____ Immediate Supervisor: _____

Previous Employer: 2. _____ Phone: (____) _____

Address: _____

Position: _____ Net Monthly Income: _____

Length of Employment: _____ Immediate Supervisor: _____

FINANCIAL

Have you ever filed for bankruptcy? Yes/No If yes, date of discharge: _____

Checking Account(s)

Name of Institution: _____ Acct. #: _____
(City of Location)

Name of Institution: _____ Acct. #: _____
(City of Location)

Name on Institution: _____ Acct. #: _____
(City of Location)

Savings Account(s)

Name of Institution: _____ Acct. #: _____
(City of Location)

Name of Institution: _____ Acct. #: _____
(City of Location)

(MUST BE COMPLETED)

ANNUAL INCOME FOR YEAR 20 _____		ANNUAL EXPENSES FOR YEAR 20 _____		CONTINGENT LIABILITIES	
Salary or Wages	\$ _____	Property Tax & Assessments	\$ _____	As Endorser on Notes/Contracts	\$ _____
Dividends or Interest	\$ _____	Fed. & State Income Tax	\$ _____	As Guarantor on Notes/Contracts	\$ _____
Rentals (Gross Income)	\$ _____	Real Estate Loan Payments	\$ _____	For Taxes	\$ _____
Business (Net Income)	\$ _____	Payments on Contract/Notes	\$ _____	Other (Describe)	\$ _____
Other Income (Describe)	\$ _____	Estimated Living Expenses	\$ _____		
		Other:	\$ _____		
TOTAL INCOME	\$ _____	TOTAL EXPENSES	\$ _____	TOTAL	\$ _____

REFERENCES

Name: _____ Phone #: (____) _____

Name: _____ Phone #: (____) _____

Name: _____ Phone #: (____) _____

PETS

Number of Dogs: _____ Breeds: _____

Number of Cats: _____ Other: _____

In Case of Emergency Contact (someone other than applicant(s):

Name: _____ Relationship: _____

Address: _____

Home Phone # (____) _____ Work #: (____) _____

CREDIT RELEASE

The undersigned does hereby authorize any agent or principal of Canyon View Estates to obtain any credit information from any credit reporting service or creditor, as they deem necessary.

Type of Transaction (purchase, etc.)

Address of property involved

Applicant name

Co-applicant name

Your address including zip code

Applicant's employer's name and telephone number

Co-applicant's employer's name and telephone number

Applicant's driver's # / Birth Date

Co-applicant's driver's # / Birth Date

Applicant's social security number

Co-applicant's social security number

Date

Date

Applicant's signature

Co-applicant's signature

PURCHASE INFORMATION

Buyer(s) name: _____

Property address: _____

Purchase price: \$ _____

Down payment(s): \$ _____

Source of down payment: _____

Interest rate new loan _____ Adjusted or Fixed (circle one)

Total payments per month (PITI): \$ _____

Anticipated land lease amount: \$ _____

Estimated closing costs (new loan): \$ _____

Total of All Concessions to Buyer:

Contribution:	Purchase price	Down payment	Rent
Seller:	\$ _____	\$ _____	\$ _____
Seller's Broker:	\$ _____	\$ _____	\$ _____
Buyer's Broker:	\$ _____	\$ _____	\$ _____

Current cost of housing per month: \$ _____

Please attach a copy of your Purchase Agreement.

DATE

BUYER SIGNATURE

BUYER PRINTED NAME

DATE

BUYER SIGNATURE

BUYER PRINTED NAME

NET WORTH STATEMENT

	ASSETS	TOTAL VALUE In Dollars
Cash/Checking	Bank Office Name & No	
	Checking	\$ _____
	Savings	\$ _____
	Cash on hand	\$ _____
Stocks & Bonds		\$ _____
Notes Receivable (Collectible)	Relatives & Friends	\$ _____
	Trust Deeds & Mortgages	\$ _____
Real Estate Owned	Improved	\$ _____
	Unimproved	\$ _____
Life Insurance	Cash Surrender Value	\$ _____
Other Assets		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
TOTAL ASSETS: \$		_____

	LIABILITIES	TOTAL BAL. DUE	MO. PAYMENT
Notes Payable to Banks/Credit Cards	Bank Office Name & No.		
		\$ _____	\$ _____
		\$ _____	\$ _____
Auto Loan(s)		\$ _____	\$ _____
		\$ _____	\$ _____
Other Notes & Accounts Payable	Real Estate Loans	\$ _____	\$ _____
Taxes Payable	Current Yr's Income Taxes Unpaid	\$ _____	\$ _____
Other Liabilities		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
TOTAL LIABILITIES: \$		_____	_____

Net Worth Calculation Total Assets minus Total Liabilities = Net Worth \$

THE UNDERSIGNED REPRESENTS AND WARRANTS THAT ALL OF THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

THE UNDERSIGNED AUTHORIZES THE MANAGEMENT OF CANYON VIEW ESTATES TO CONDUCT A THOROUGH CREDIT/EMPLOYMENT/RESIDENCY CHECK TO VERIFY ALL REFERENCES PROVIDED. THE UNDERSIGNED UNDERSTANDS THAT IN THE EVENT ANY OF THE INFORMATION CANNOT BE VERIFIED, THE MANAGEMENT OF CANYON VIEW ESTATES HAS THE RIGHT TO DENY THIS APPLICATION.

THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT PROSPECTIVE RESIDENTS HAVE NO RIGHTS OF TENANCY IN THE COMMUNITY UNTIL ALL LEASE DOCUMENTS HAVE BEEN FULLY EXECUTED AND RECORDED.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

MANUFACTURED HOME COMMUNITY DISCLOSURE FORM

THE FOLLOWING DISCLOSURE STATEMENT CONCERNS THE MANUFACTURED HOME COMMUNITY KNOWN AS CANYON VIEW ESTATES, LOCATED AT 20001 CANYON VIEW DRIVE IN THE CITY OF SANTA CLARITA, COUNTY OF LOS ANGELES, STATE OF CALIFORNIA.

THIS STATEMENT IS A DISCLOSURE OF THE CONDITION OF THE COMMUNITY, ITS COMMON AREAS AND INFRASTRUCTURE AS OF JANUARY 1st, 2019. IN COMPLIANCE WITH SECTION 798.75.5 OF THE CALIFORNIA CIVIL CODE.

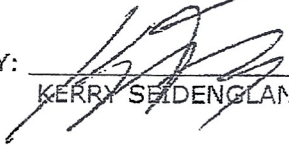
THIS STATEMENT IS NOT A WARRANTY OF ANY KIND BY THE COMMUNITY'S OWNERS OR MANAGEMENT, AND IS NOT A SUBSTITUTE FOR ANY INSPECTION BY THE PROSPECTIVE HOMEOWNER/LESSEE OF THE LOT TO BE LEASED, OR OF THE COMMUNITY, INCLUDING ALL AREAS REFERENCED IN THIS STATEMENT.

THIS STATEMENT DOES NOT CREATE ANY KIND OF NEW DUTY OR LIABILITY ON THE PART OF THE COMMUNITY'S OWNERS OR MANAGEMENT, NOR DOES IT AFFECT ANY DUTIES THAT MAY HAVE EXISTED PRIOR TO THE ENACTMENT OF SECTION 798.75.5 OF THE CIVIL CODE, OTHER THAN THE DUTY TO DISCLOSE THE INFORMATION REQUIRED BY THIS STATEMENT.

FACILITY:	FACILITY IS IN OPERATION?	ANY KNOWN SUBSTANTIAL DEFECTS?	ANY UNCORRECTED CITATIONS OR NOTICES OF ABATEMENT RELATING TO FACILITIES ISSUED BY PUBLIC AGENCY?	ANY SUBSTANTIAL UNCORRECTED DAMAGE TO FACILITIES FROM NATURAL DISASTERS?	ANY PENDING LITIGATION AFFECTING FACILITIES?	ANY ENCROACHMENT, EASEMENT, NON-COMFORMING USE, VIOLATION OF SETBACK REQUIREMENTS?
STREETS, ROADS, ACCESS	YES	NO	NO	NO	NO	NO
ELECTRIC UTILITY SYSTEM	YES	NO	NO	NO	yes	NO
WATER UTILITY SYSTEM	YES	NO	NO	NO	NO	NO
GAS UTILITY SYSTEM	YES	NO	NO	NO	NO	NO
COMMON AREA LIGHTING	YES	NO	NO	NO	NO	NO
SEWER SYSTEM	YES	NO	NO	NO	NO	NO
RV STORAGE	YES	NO	NO	NO	NO	NO
PARKING AREAS	YES	NO	NO	NO	NO	NO
CLUBHOUSE	YES	NO	NO	NO	NO	NO
PLAY GROUNDS	YES	NO	NO	NO	NO	NO
POOLS/SPA	YES	NO	NO	NO	NO	NO
TENNIS COURTS	YES	NO	NO	NO	NO	NO

THE COMMUNITY OWNERS/MANAGEMENT STATE THAT THE INFORMATION HEREIN HAS BEEN DELIVERED TO THE PROSPECTIVE HOMEOWNER/LESSEE A MINIMUM OF THREE DAYS PRIOR TO THE EXECUTION OF A LEASE AGREEMENT, AND THAT THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF THE OWNERS' / MANAGEMENT'S KNOWLEDGE AS OF THE DATE SIGNED.

CANYON VIEW LIMITED BY
CANYON VIEW ESTATES, INC.

BY:  DATE: 01/01/19
KERRY SEIDENGLANZ, Managing Director

I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THIS STATEMENT:

PROSPECTIVE
BUYER/LESSEE: _____ DATE: _____

PROSPECTIVE
BUYER/LESSEE: _____ DATE: _____

PROSPECTIVE
BUYER/LESSEE: _____ DATE: _____

PROSPECTIVE
BUYER/LESSEE: _____ DATE: _____