

Date:	Community Name:	<input type="checkbox"/> An all-ages community <input type="checkbox"/> A 55-and-over community	Contact:	Phone Number (w/area code):
Site Address:	Site #:	City:	State:	Zip Code:
Lot Rent (w/out concessions): \$ _____ per month	Home Payment: \$ _____ per month	Purchase Price: \$ _____	Desired Move-In Date:	
Make:	Year:	Length/Width:	Model:	Serial Number:
Type of Application: <input type="checkbox"/> Residency only <input type="checkbox"/> Lease/Lease to own <input type="checkbox"/> Seasonal Rental <input type="checkbox"/> Background Only		Source of Home: <input type="checkbox"/> Inventory <input type="checkbox"/> Brokered <input type="checkbox"/> Retail Partner <input type="checkbox"/> Private/Other		Home Use: <input type="checkbox"/> Primary Residency <input type="checkbox"/> Secondary Residency <input type="checkbox"/> Other:
For "Residency Only" application, indicate source of home financing:		<input type="checkbox"/> Cash	<input type="checkbox"/> Outside Lender (Loan #, Lender Name & Phone number):	<input type="checkbox"/> Private Move-In

Applicant Information

Applicant 1

Name (Last, First, Middle):		Social Security Number:
Date of Birth (Mo/Date/Yr):	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	Driver's License Number:

Applicant 1 Address History

Current Address:		Home Phone (with area code):	Cell Phone (with area code):
City:	State:	Zip Code:	Email Address:
How long at this address? Years _____ Months _____	Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Relative <input type="checkbox"/> Rent <input type="checkbox"/> Other	Mortgage Company or Landlord Name:	
Mortgage Company or Landlord Address:		Mortgage Company or Landlord Phone Number:	Monthly Payment \$ _____ per month
If you have been at your current address for less than two years, please list:	Former Address:	City:	State: Zip Code:
Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other	How long at this address? Years _____ Months _____	Mortgage or Landlord (Name and Phone number):	Monthly Payment \$ _____ per month

Applicant 1 Employment History

Current Employer OR List Retired:		Phone Number:	City:	State:	Zip Code:
<input type="checkbox"/> If Self-Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time Employed OR Retired: Years _____ Months _____	Gross Income OR Retirement Income: \$ _____ per month	If less than two years, list former Employer below: Zip Code:	
Employer:		Phone Number:	City:	State:	Zip Code:
<input type="checkbox"/> If Self-Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time Employed OR Retired: Years _____ Months _____	Gross Income OR Retirement Income: \$ _____ per month		

Applicant 1 Other Income

Notice: Income from alimony, child support, maintenance, and/or public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation.

Source:	Month Amount \$	Source	Month Amount \$	Source	Month Amount \$
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Have you ever filed bankruptcy in the last 7 years? Yes No

Have you applied for credit under a different name? Yes No

Have you had any judgments, repossessions, garnishments, or legal proceedings filed against you in the last 7 years? Yes No

If you answered "Yes" to any of these questions, please explain in the "Additional Comments" section on page 5.

Assets for Applicant 1
(Please include Liquid Assets as it may enhance your approval chances)

Type of Account	Bank	Balance

Credit References and Other Expenses for Applicant 1

(Please include payments and obligations that likely DO NOT already show up on the credit bureau; such as child support and buy here/pay here car loans and furniture companies)

Type of Bill	Company or Payee	Monthly Obligation
Child Care		\$
Child Support		\$
Alimony		\$
Car Loan		\$
Other:		\$

Applicant 2

Name (Last, First, Middle):	Social Security Number:
Date of Birth (Mo/Date/Yr):	Driver's License Number:
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	

Applicant 2 Address History

Current Address:	Home Phone (with area code):	Cell Phone (with area code):
City:	State:	Zip Code:
How long at this address? Years Months	Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Relative <input type="checkbox"/> Rent <input type="checkbox"/> Other	Mortgage Company or Landlord Name:
Mortgage Company or Landlord Address:	Mortgage Company or Landlord Phone Number:	Monthly Payment \$ _____ per month
If you have been at your current address for less than two years, please list:	Former Address:	City: State: Zip Code:
Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other	How long at this address? Years Months	Mortgage or Landlord (Name and Phone number): Monthly Payment \$ _____ per month

Applicant 2 Employment History

Current Employer OR List Retired:		Phone Number:	City:	State:	Zip Code:
<input type="checkbox"/> If Self-Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time Employed OR Retired: Years Months	Gross Income OR Retirement Income: \$ _____ per month		If less than two years, list former Employer below: Zip Code:
Employer:	Phone Number:	City:	State:	Zip Code:	
<input type="checkbox"/> If Self-Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time Employed OR Retired: Years Months	Gross Income OR Retirement Income: \$ _____ per month		

Applicant 2 Other Income

Notice: Income from alimony, child support, maintenance, and/or public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation.

Source	Month Amount \$	Source	Month Amount \$	Source	Month Amount \$
Have you ever filed bankruptcy in the last 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for credit under a different name?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any judgments, repossessions, garnishments, or legal proceedings filed against you in the last 7 years?					<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any of these questions, please explain in the "Additional Comments" section on page 5.

Assets for Applicant 2
(Please include Liquid Assets as it may enhance your approval chances)

Type of Account	Bank	Balance

Credit References and Other Expenses for Applicant 2

(Please include payments and obligations that likely DO NOT already show up on the credit bureau; such as child support and buy here/pay here car loans and furniture companies)

Type of Bill	Company or Payee	Monthly Obligation
Child Care		\$
Child Support		\$
Alimony		\$
Car Loan		\$
Other:		\$

Financing

Total Cash Down Payment:	\$	Total Trade Equity For Down Payment:	\$
Total % of Sales Price:		Total Down Payment (Cash Down payment + Total Trade Equity):	\$

Occupants

Occupant 1

Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other	
Current Address:	City:	State:	Zip Code:	

Occupant 2

Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other	
Current Address:	City:	State:	Zip Code:	

Occupant 3

Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other	
Current Address:	City:	State:	Zip Code:	

Occupant 4

Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other	
Current Address:	City:	State:	Zip Code:	

Vehicle Information

Year:	Make:	Model:	Plate/License Number:
Year:	Make:	Model:	Plate/License Number:
Year:	Make:	Model:	Plate/License Number:

Pet Information

Do you have any pets that will be living with you? (if permitted) Yes No If yes, how many?

Type	Breed	Color	Weight	Height	Age

Additional Comments

Type	Breed	Color	Weight	Height	Age

Additional Comments

Signatures

I hereby authorize Equity Lifestyle Properties, Inc., its affiliates and subsidiaries, to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Equity Lifestyle Properties, Inc., its affiliates and subsidiaries, and any procurer or furnisher of such information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including, without limitation, various law enforcement agencies.

As an applicant, I represent that the above statements are correct and complete and that I intend that Equity Lifestyle Properties, Inc. its affiliates and subsidiaries rely on these representations in determining whether to lease to me a home and/or homesite in the community. I agree that I have no right to occupy a home or homesite in the community until and unless this application is approved, a lease is signed and I have made any necessary initial payments. I understand that any misrepresentation on this application may be cause for lease termination and/or non-acceptance of this application.

Applicant 1:	_____	_____	_____
	Print Name	Signature	Date (Mo/Day/Yr)
Applicant 2:	_____	_____	_____
	Print Name	Signature	Date (Mo/Day/Yr)
Occupant 1 (over 18):	_____	_____	_____
	Print Name	Signature	Date (Mo/Day/Yr)
Occupant 2 (over 18):	_____	_____	_____
	Print Name	Signature	Date (Mo/Day/Yr)
Occupant 3 (over 18):	_____	_____	_____
	Print Name	Signature	Date (Mo/Day/Yr)
Occupant 4 (over 18):	_____	_____	_____
	Print Name	Signature	Date (Mo/Day/Yr)

Internal Use

When application is returned, ensure that the application is complete, legible, signed, and dated, and collect the Resident Application Screening Fee.

REQUEST FOR VERIFICATION OF EMPLOYMENT

Privacy Act Notice: This information is to be used by the agency collecting or as its assigned in determining whether you qualify under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA), by 12 USC, Section 1701 etc. seq (if HUD/FHA), by 42 USC, Section 1452b (if HUD/CPD), and Title 42 USC, 1471 et. seq, or 7 USC, 1921 et. seq. (if USDA/FMHA)

Instructions Agency - Complete items 1 through 7. Have applicant(s) complete item 8. Forward directly to employer named in item 1.
 Employer - Please Complete Part II or Part III as applicable. Complete Part IV and return directly to agency name in item 2.
 The form is to be transmitted directly to the agency and it is not to be transmitted through the applicant or any other party.

Part I - Request

1. To (Name and address of employer)	2. From (Name and address of agency)
--------------------------------------	--------------------------------------

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other party.

3. Signature of Agency	4. Title	5. Date	6. Agency Number (optional)
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I have stated that I am or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant(s)	8. Signature of Applicant(s)
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Part II - Verification of Present Employer

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
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12 A. Current Gross Base Pay (Enter Amount and Check Period): <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (specify) <input type="checkbox"/> Weekly <input type="checkbox"/>	13. For Military Personnel Only Pay Grade _____ Type _____	14. If Overtime or Bonus is Applicable, is its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No
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12 B. Gross Earnings				Base Pay	\$	15. If paid hourly, average hours per week
Type	Year to Date	Past Year _____	Past Year _____	Rations	\$	
Base Pay	\$	\$	\$	Flight/Hazard	\$	16. Date of Applicant's next pay increase
Overtime	\$	\$	\$	Clothing	\$	
Commissions	\$	\$	\$	Quarters	\$	17. Projected amount of next pay increase
Bonus	\$	\$	\$	Pro Pay	\$	
Total	\$	\$	\$	Overseas or Combat	\$	18. Date of Applicant's last pay increase
				Variable Housing	\$	

20. Remarks (if employee was off work for any time, please indicate time period and reason)

Part III - Verification of Previous Employer

21. Date Hired	23. Salary/Wage at Termination per (Year) (Month) (Week)
22. Date Terminated	Base _____ Overtime _____ Commission _____ Bonus _____
24. Reason for Leaving	25. Position Held

Part IV - Authorized Signature

Federal Statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issue of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (please print or type)	28. Date
29. Print or type name signed in item 26	30. Phone Number	

Applicant 1

REQUEST FOR VERIFICATION OF EMPLOYMENT

Privacy Act Notice: This information is to be used by the agency collecting or as its assigned in determining whether you qualify under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA), by 12 USC, Section 1701 etc. seq (if HUD/FHA), by 42 USC, Section 1452b (if HUD/CPD), and Title 42 USC, 1471 et. seq. or 7 USC, 1921 et. seq. (if USDA/FMHA)

Instructions Agency - Complete items 1 through 7. Have applicant(s) complete item 8. Forward directly to employer named in item 1.
 Employer - Please Complete Part II or Part III as applicable. Complete Part IV and return directly to agency name in item 2.
The form is to be transmitted directly to the agency and it is not to be transmitted through the applicant or any other party.

Part I - Request

1. To (Name and address of employer)	2. From (Name and address of agency)
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other party.

3. Signature of Agency	4. Title	5. Date	6. Agency Number (optional)
------------------------	----------	---------	-----------------------------

I have stated that I am or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant(s)	8. Signature of Applicant(s)
-------------------------------------	------------------------------

Part II - Verification of Present Employer

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment																								
12 A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (specify) <input type="checkbox"/> Weekly <input type="checkbox"/>		13. For Military Personnel Only Pay Grade _____ Type _____ Base Pay \$ _____																								
12 B. Gross Earnings <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>Year to Date</th> <th>Past Year _____</th> <th>Past Year _____</th> </tr> </thead> <tbody> <tr> <td>Base Pay</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Overtime</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Commissions</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Bonus</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Total</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table>		Type	Year to Date	Past Year _____	Past Year _____	Base Pay	\$ _____	\$ _____	\$ _____	Overtime	\$ _____	\$ _____	\$ _____	Commissions	\$ _____	\$ _____	\$ _____	Bonus	\$ _____	\$ _____	\$ _____	Total	\$ _____	\$ _____	\$ _____	14. If Overtime or Bonus is Applicable, is its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No
Type	Year to Date	Past Year _____	Past Year _____																							
Base Pay	\$ _____	\$ _____	\$ _____																							
Overtime	\$ _____	\$ _____	\$ _____																							
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Rations	Flight/Hazard	Clothing	Quarters	Pro Pay	Oversees or Combat	Variable Housing																				
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20. Remarks (if employee was off work for any time, please indicate time period and reason)																										

Part III - Verification of Previous Employer

21. Date Hired	23. Salary/Wage at Termination per (Year) (Month) (Week)
22. Date Terminated	Base _____ Overtime _____ Commission _____ Bonus _____
24. Reason for Leaving	25. Position Held

Part IV - Authorized Signature

Federal Statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issue of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (please print or type)	28. Date
29. Print or type name signed in item 26	30. Phone Number	

Applicant 2

REQUEST FOR VERIFICATION OF MORTGAGE LOAN OR RENT

Privacy Act Notice: This information is to be used by the agency collecting or as its assigned in determining whether you qualify under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA), by 12 USC, Section 1701 etc. seq (if HUD/FHA), by 42 USC, Section 1452b (if HUD/CPD), and Title 42 USC, 1471 et. seq. or 7 USC, 1921 et. seq. (if USDA/FMHA)

Instructions Agency - Complete items 1 through 8. Have applicant(s) complete item 9. Forward directly to employer named in item 1.
 Landlord/Creditor - Please Complete Part II and return directly to agency name in item 2.

The form is to be transmitted directly to the agency and it is not to be transmitted through the applicant or any other party.

Part I - Request

1. To (Name and address of creditor) _____
 2. From (Name and address of agency) _____

3. Signature of Agency _____ 4. Title _____ 5. Date _____ 6. Agency Number (optional) _____

7. Information to be Verified

Property Address _____	Account in Name of _____	Loan (Account) Number _____
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Rental Mortgage

8. Name and Address of Applicant(s) _____
 9. Signature of Applicant(s) _____

Part II - To Be Completed By Mortgagee/Creditor/Landlord

We have received an application from the applicant. In addition to the information requested below, please furnish us with any information you might have that will assist us in considering the application.

Rental

Mortgage Account

Tenant has rented since _____
 And rented until _____
 Amount of rent \$ _____ per _____
 Is rent in arrears? Yes No
 Is so, Amount \$ _____ Period _____
 Number of late payment (over 30 days) in past 12 months _____
 Is account satisfactory? Yes No
 Did the person violate the terms of the lease in any manner?
 If so, please explain Yes No

Date mortgage originated _____
 Original mortgage amount \$ _____
 Current mortgage balance \$ _____
 Monthly payment P&I only \$ _____
 Payment with taxes and insurance \$ _____
 Is mortgage current? Yes No
 Is mortgage assumable? Yes No
 Satisfactory Account? Yes No
 Number of later payments (over 30 days) in past 12 months? _____

Would you rent to this former resident again? Yes No

* Please provide a payment history for the previous 12 months.

Additional information, which may be of assistance in determination of the application.

Authorized Signature _____ Title (please print or type) _____ Date _____

Applicant 1

REQUEST FOR VERIFICATION OF MORTGAGE LOAN OR RENT

Privacy Act Notice: This information is to be used by the agency collecting or as its assigned in determining whether you qualify under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA), by 12 USC, Section 1701 etc. sec (if HUD/FHA), by 42 USC, Section 1452b (if HUD/CPD), and Title 42 USC, 1471 et. seq. or 7 USC, 1921 et. seq. (if USDA/FMHA)

Instructions Agency - Complete items 1 through 8. Have applicant(s) complete item 9. Forward directly to employer named in item 1.
 Landlord/Creditor - Please Complete Part II and return directly to agency name in item 2.

The form is to be transmitted directly to the agency and it is not to be transmitted through the applicant or any other party.

Part I - Request

1. To (Name and address of creditor) _____
 2. From (Name and address of agency) _____

3. Signature of Agency _____
 4. Title _____
 5. Date _____
 6. Agency Number (optional) _____

7. Information to be Verified

Property Address	Account in Name of	Loan (Account) Number
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Rental Mortgage

8. Name and Address of Applicant(s) _____
 9. Signature of Applicant(s) _____

Part II - To Be Completed By Mortgage/Creditor/Landlord

We have received an application from the applicant. In addition to the information requested below, please furnish us with any information you might have that will assist us in considering the application.

Rental

Mortgage Account

Tenant has rented since _____
 And rented until _____
 Amount of rent \$ _____ per _____
 Is rent in arrears? Yes No
 Is so, Amount \$ _____ Period _____
 Number of late payment (over 30 days) in past 12 months _____
 Is account satisfactory? Yes No
 Did the person violate the terms of the lease in any manner? Yes No
 If so, please explain _____
 Would you rent to this former resident again? Yes No

Date mortgage originated _____
 Original mortgage amount \$ _____
 Current mortgage balance \$ _____
 Monthly payment P&I only \$ _____
 Payment with taxes and insurance \$ _____
 Is mortgage current? Yes No
 Is mortgage assumable? Yes No
 Satisfactory Account? Yes No
 Number of later payments (over 30 days) in past 12 months? _____

* Please provide a payment history for the previous 12 months.

Additional information, which may be of assistance in determination of the application.

Authorized Signature _____ Title (please print or type) _____ Date _____

Applicant 2



This Community is an Equal Housing Opportunity Provider.

Owner/Lessor does business in accordance with the federal fair housing law. It is illegal to discriminate against any person because of race, color, religion, sex, gender identity or gender expression, handicap/disability, familial status, ancestry, national origin or inclusion in any other protected class.

**Rancho Mesa
GUIDELINES FOR COMMUNITY APPROVAL**

Welcome to Rancho Mesa Community.

This Community is an equal housing opportunity provider. We do business in accordance with state and federal fair housing laws. It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status, national origin, or any other protected status. In order to reside in our Community there are certain requirements that have been set in order to be approved for residency.

Where a mobilehome being sold by a homeowner in the Community will remain in the Community after purchase, Community management requires the right of prior approval of the purchaser for tenancy. The selling homeowner or their agent must give notice to Community management of the proposed sale of the home before the close of the sale. The prospective purchaser of the home must apply for and be approved for tenancy in the Community before completion of the sale.

Prior to giving approval for tenancy, the Community will require the purchaser to show that they have the financial ability to pay the rent and charges of the Community, as well as show that the potential purchaser can and will comply with the Rules and Regulations of the Community, including prior tenancy history. In determining whether the purchaser has the financial ability to pay the rent and charges of the Community, management may require the purchaser to document the amount and source of the purchaser's gross monthly income or means of financial support and will require a credit report.

Within 15 business days of receiving a completely filled out application for tenancy from the purchaser, which includes all supporting documents and information requested, Community management shall notify the seller and the purchaser / prospective homeowner, in writing, of either acceptance or rejection of the application. If the applicant is rejected and the rejection is based upon something in the applicant's credit report, applicant will be notified as stated below. During this 15-day period the prospective homeowner shall comply with Community management's request, if any, for a personal interview.

The following qualification standards and information will be required from every prospective resident who applies for tenancy in the Community. They include, but are not necessarily limited to:

IDENTIFICATION:

Every adult individual (18 years or older) who wishes to reside in a mobilehome in the Community must apply and be approved for tenancy, unless said individual falls within an exception under the California Mobilehome Residency Law as set forth at California Civil Code Section 798, *et seq.* Each individual 18 or over wishing to reside in the mobilehome must present a valid driver's license or other government-issued photo identification in order to ensure the identity of the individual applying for tenancy or wishing

Guidelines Application Approval

to reside in a mobilehome in the Community. Other acceptable forms of identification include but are not limited to valid state-issued I.D. cards, valid military I.D. card, or a valid Passport.

For Non-U.S. Individuals, the applicant shall provide a taxpayer identification number and one or more of the following: Passport number and issuing country, alien identification card number, or number and issuing country of any government issued identification, which evidences residence or nationality and bears a photo or similar safeguard.

For U.S. Individuals, the applicant must provide a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) on your application for processing.

Note: School or merchant identification cards will not be accepted as a form of identification.

PROOF OF RESOURCES/INCOME/EMPLOYMENT:

Each applicant who will be responsible for the payment of rent (or the combined amounts of the applicants if more than one) must provide proof of their ability to pay rent. **Applicant(s) must show gross income of no less than two and one-half (2.5) times the monthly space rent, estimated utilities, and other charges at the Community.**

Applicant is responsible for providing documentation that proves that applicant has legal, verifiable income that is paid directly to applicant or applicant's representative. Applicant is also responsible for ensuring that any employer/employment information stated for the income requirement is verifiable and that the employer contacts the Community and confirms applicant's employment.

Acceptable proof of income may include, but is not limited to:

1. Social security or SSI – current printout or letter from the Social Security office documenting applicant's gross benefits;
2. Pension/Annuity/VA Pension – current letter stating gross monthly income;
3. Most recent two (2) months of paycheck stubs from applicant's most recent pay periods;
4. Two (2) months of the most recent bank statements for all applicants as allowable subject to state law;
5. Employment Verification form;
6. Award letters;
7. TANF or other federal or state assistance;
8. Grants;
9. Investment accounts.

Applicant must make sure that the date of proof of income documents is obvious from the face of such documents, and that such documents relate to applicant. Blurry or confusing documents are not acceptable and will not be used to support the application. The Community is not responsible for trying to figure out the validity of or to authenticate the documents submitted.

CREDIT STATUS:

The Community requires that all applicants undergo a credit screening to confirm credit worthiness. The Community requires a FICO credit score of at least 600.

Credit scores and credit information will be used as well as a number of other factors indicated herein to determine if applicant has the financial ability to pay the rent and whether applicant will comply with the Rules and Regulations of the Community.

Credit status and evictions will be checked through the appropriate Credit Bureau. If applicant does not have a social security number, a taxpayer ID number or visa with other identifiable information can be used depending on the Credit Bureau.

If applicant is rejected because of an unsatisfactory credit report, applicant will be given the name, address, and telephone number of the credit agency and are encouraged to review the credit report for inaccuracies. If applicant believes that the report contains erroneous information, applicant is encouraged to correct the errors and resubmit an application to the Community.

ADDITIONAL CRITERIA FOR TENANCY:

Applicant shall review the complete Community Rules and Regulations (including but not limited to any pet rules, and in 55+ age-qualified communities, the age restrictions in the Community) before applying for tenancy in the Community to ensure that applicant is able to abide by the terms of the tenancy and all Rules and Regulations. Some Rules of which applicant should be aware are set forth below, but this is not an exhaustive list. Applicant is responsible for reviewing and understanding all of the Rules and Regulations of the Community before applying for tenancy.

1. **Registered Owner.** At least one of the person(s) applying for tenancy must be an owner of the mobilehome situated on the Premises and listed on the title to the mobilehome. A copy of a current HCD title showing that at least one applicant residing in the mobilehome is also an owner will be required prior to acceptance.
2. **Residential Purposes.** Applicant understands that the mobilehome and the Premises are to be used for residential purposes only.
3. **Pets.** Applicant must review the Community's specific rules and restrictions regarding any pets. Prior authorization from Community management is required before any pet may be brought into the Community. The Community may require a written pet agreement.
4. **Age Qualifications (if applicable).** If the Community is a 55+ Housing for Older Persons Community, applicant must review the Community's age qualifications to ensure that applicant meets such qualifications. Reliable proof of age will be required.

APPROVAL CRITERIA:

There are only four bases for denying tenancy:

- a. Lack of financial ability to pay rent;
- b. Inability to comply with the park's rules and regulations, based on prior tenancies;
- c. Inability to comply with the park's age requirements (for senior housing parks only); or
- d. Applicant(s)'s fraud, deceit, or concealment of material facts in the application process or submittals therewith.

Any acceptance or denial of tenancy will be done via written notification within 15 business days after the *completed* application is submitted. Your seller, if applicable, will also be provided with this information. If the application is submitted incomplete, the application will be denied until a complete application is re-submitted.

YOUR RESULTS:

1. If your application has been approved, you will receive written notification of such from a member of the Community Management. Please be sure to give your most current contact information so that they can reach you in a timely manner.
2. If your application has been denied, you will receive written notice of such from a member of the property management. The denial of your application will be based on any of the above mentioned tenant screening criteria. If you wish to correct or object to any of the reported information from your Credit report, you may contact the following:

Credit Report:

Name: TransUnion Consumer Relations

Website: www.transunion.com/myoptions

Address: 2 Baldwin Place

P.O. Box 1000

Chester, PA 19022

Telephone number: (800) 888-4213

ALWAYS KEEP IN MIND:

1. All home buyers must be pre-approved by the park management for residency, and **before** the home is purchased.
2. The Community may take up to 15 business days to review a final application, but on average, applications can take less time. Out of State applications may be further delayed.
3. The Community may require a security deposit equal to two months' rent.
4. Once approved, the prospective homeowner will be required to sign a Residency Agreement or assume the responsibility of an existing agreement, prior to the close of escrow for the purchase of the home. A prospective homeowner is not authorized to move into the home unless and until the effective date of the Residency Agreement. This is in accordance with Article 7 of the California Civil Code - the Mobilehome Residency Law.

PLEASE NOTE THAT FAILURE TO COMPLETELY FILL OUT ANY PART OF THE APPLICATION AS WELL AS THE INABILITY OF MANAGEMENT OR AGENCY TO CONFIRM EVERY PIECE OF INFORMATION REQUESTED ON APPLICATION WILL BE GROUNDS FOR DENIAL OF TENANCY. IF MANAGEMENT NOTICES THAT ANY PORTION OF THE SUBMITTED APPLICATION IS INCOMPLETE OR THE INFORMATION IS ILLEGIBLE OR UNVERIFIABLE, MANAGEMENT WILL NOT IMMEDIATELY DENY THE APPLICATION AND MAY REQUEST ADDITIONAL INFORMATION FROM APPLICANT. THE TIME REQUIREMENT FOR APPROVAL OR DENIAL WILL NOT RUN UNTIL THE APPLICATION AND ALL SUPPORTING INFORMATION IS COMPLETE.

Applicant has received a copy of these requirements; applicant has read and understands that applicant has been informed of these criteria prior to submitting the application for tenancy. Applicant also confirms that applicant has received a copy of the Community's Rules and Regulations to review prior to applying for

tenancy. Applicant further understands that any falsified information on the application shall result in a denial of the application. By signing below, applicant also agrees to a lawful credit check.

We encourage you to apply as all applications will be reviewed.

If you have any questions, then please direct them to the Community management office.

Applicant signature: _____ Date: _____

Applicant signature: _____ Date: _____

Applicant signature: _____ Date: _____

Community agent signature: _____ Date: _____