

\$35.00 Fee

APPLICATION FOR RESIDENCY

RAMON MOBILE HOME PARK

1441 E. Ramon Road • Palm Springs, CA 92264
760-327-5417 • Fax 760-864-1258

Homesite #: _____

Today's Date: _____

Move-In Date: _____

Rent Amnt: \$ _____ Deposit Amnt: \$ _____

New Applicant Move-New Space

INSTRUCTIONS: FILL OUT COMPLETELY AND LEGIBLY IN BLUE OR BLACK INK! EACH ADULT OCCUPANT MUST COMPLETE SEPARATE FORMS. APPLICATIONS WHICH ARE NOT COMPLETED FULLY OR SIGNED WILL BE REJECTED. IDENTIFICATION WILL BE REQUIRED BY MEANS OF PHOTO ID TO CONFIRM IDENTITY AND PROOF OF VALID SOCIAL SECURITY NO BY DRIVERS LICENSE, STATE ID, OR SS CARD.

APPLICANT INFORMATION			
Applicant's Name (full legal name)			<input type="checkbox"/> SR <input type="checkbox"/> JR <input type="checkbox"/> II <input type="checkbox"/> III
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated	Maiden Name:	Phone No. Cell No.	
Social Security #		Date of Birth	
Driver's License #	State Issued:	Expiration Date:	
Are you currently a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please explain:			
Have you or ANYONE (regardless of age) who will be residing with you:			
1) Ever been arrested, cited, prosecuted, pleaded guilty to, or been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2) Ever been placed on probation, parole, or affected by the Megan Laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3) Ever been or currently are a member of a gang?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4) Ever had or currently have a warrant for your/their arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5) Ever been or currently are involved in ANY criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6) Ever been evicted or had a forcible detainer filed against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7) Ever moved to avoid eviction or due to problems with other residents or a landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES explain in detail:			

EMPLOYMENT HISTORY			
Current Employer	<input type="checkbox"/> Self Employed	Phone	
Address			
Nature of Business			
Position		Start Date	
Pay Rate	\$ _____ Per <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	Hours Wkly	
Supervisor		Direct Phone	
Source of other income			
↓ PLEASE CHECK ONE: <input type="checkbox"/> Second Employer <input type="checkbox"/> Previous Employer (if Current Less Than Three Years) ↓			
Second Employer	<input type="checkbox"/> Self Employed	Phone	
Address			
Nature of Business			
Position		Start Date	End Date
Pay Rate	\$ _____ Per <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	Hours Wkly	
Source of other income		Direct Phone	

RESIDENTIAL HISTORY

Current Address	Phone #	
City	ST	ZIP
Do you own a home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Landlord / Mtg Co	Alternate Phone	
Landlord Phone	Current Rent Amount	
Date Moved In		
Lease Expires		
Reason for Move		
Prev Address	ST	ZIP
City		
Landlord / Mtg Co	Alternate Phone	
Landlord Phone	Date Moved Out	Rent Amount
Date Moved In		
Reason for Move		
Have you ever been evicted or refused to pay rent when due? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		

ADDITIONAL OCCUPANT(S) (Separate applications required for all adults)

Number of persons to occupy apartment:		
Name	Relationship	Date of Birth

FINANCIAL INFORMATION

Bank name	Branch / phone	Account No
Checking		
Savings		
ADDITIONAL INCOME <small>(List alimony, child support, separate maintenance, or other monetary assistance. Please provide documentation or contact information for verification purposes)</small>		
Have you ever filed bankruptcy?	When/where?	

OTHER INFORMATION

	Make	Model	Year	Color	Lic plate #	State
Vehicle #1						
Vehicle #2						
Any pets: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe Type/Age:						
Do you have or intend to maintain renters insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have a waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an aquarium? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you or other occupants smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you own furniture and furnishings to be moved into this apt? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If No, who does?						

REFERENCES

Name	Relationship	Phone Number

In Case of Emergency:

Relationship:

Phone:

Subject to the owner's approval, the undersigned hereby makes application to lease the apartment described above for the term and at the rental herein set forth. As an inducement to the owner to approve this application the undersigned warrants that all of the representations set forth in this application and agreement are true. I agree that the landlord may terminate any agreement entered into relying on any misstatements made above.

AUTHORIZATION

I, the under-signed certify that the information given is accurate. I give my authorization to the above named Landlord and Equifax to verify any and all information above, including but not limited to access my credit history through the national credit bureaus and/or my creditors, verify my criminal background, obtain references from current/past landlords and employers (including income verification), bank and personal references. I hold Far West Credit Services / Consumer Credentials, their owners, employees, their client, and my current / past landlords and employers harmless for any information shown on my report and any action taken based on that information. I understand that this report will be sent directly to the Landlord named above and that we cannot receive a copy of this report directly from the above Landlord. I understand that I am entitled to a free copy of this report from the furnisher if I am denied residency based upon information contained in this report.

Print Name: _____

Signature: _____

Date _____

Furnished by: **Equifax** 1214 E Wilmington Ave Suite 101 Salt Lake City UT 84106
 Phone: (801) 463-0100 / 800-789-3431 Fax: (801) 463-6616 / 800-318-2992

ALL PERSONS WILL BE TREATED FAIRLY AND EQUALLY WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, FAMILIAL STATUS, DISABILITY, NATIONAL ORIGIN, OR SOURCE OF INCOME.

