KEITH MANAGEMENT APPLICATION FOR RESIDENCY

APPLICANT:

Name (Last, First, MI): _____ E-Mail Address: _____

Social Security #: _____ Birth Date: _____

Phone #: _____ Driver License #: _____ State: _____

EMPLOYMENT HISTORY:

Current Monthly Income: $ _____

Current Employer: _____

Supervisor: _____ Phone #: _____

Address:

Position:

Employment Dates From: _____ To: _____

Previous Employer: _____

Supervisor: _____ Phone #: _____

Address: _____

Position: _____

Employment Dates From: _____ To: _____

RESIDENCE HISTORY:

Current Address: _____

City, State, Zip: _____

Landlord Name: _____

Landlord Phone # _____

Monthly Rent: $ _____

Residency Dates From: _____ To: _____

Previous Address: _____

City, State, Zip: _____

Landlord Name: _____

Landlord Phone # _____

Monthly Rent: $ _____

Residency Dates From: _____ To: _____

CO-APPLICANT:

Name (Last, First, MI): _____ E-Mail Address: _____

Social Security #: _____ Birth Date: _____

Phone #: _____ Driver License #: _____ State: _____

EMPLOYMENT HISTORY:

Current Monthly Income: $ _____

Current Employer: _____

Supervisor: _____ Phone #: _____

Address:

Position: _____

Employment Dates From: _____ To: _____

Previous Employer: _____

Supervisor: _____ Phone #: _____

Address: _____

Position: _____

Employment Dates From: _____ To: _____

RESIDENCE HISTORY:

Current Address: _____

City, State, Zip: _____

Landlord Name: _____

Landlord Phone # _____

Monthly Rent: $ _____

Residency Dates From: _____ To: _____

Previous Address: _____

City, State, Zip: _____

Landlord Name: _____

Landlord Phone # _____

Monthly Rent: $ _____

Residency Dates From: _____ To: _____

How many people will occupy the home? _____

List Below the individuals who will be occupying home:

Name	Relationship	Date of Birth

BANK REFERENCES:

Bank Name: _____ Branch Location: _____ Phone #: _____

Checking Account $$: _____ Savings Account $$: _____ _____ How Long: _____

PETS: Will there be any pets in the dwelling unit: Yes _____ No _____

Name	Type/Breed	Weight	License #	Color

VEHICLES: How many vehicles will be parked at the homesite: _____ Please list vehicle information below:

Make/Model	Year	Color	License Plate #	State/Expiration

EMERGENCY CONTACT INFORMATION:

In case of emergency, please notify: _____

Name Phone # Address Relationship

CRIMINAL HISTORY:

The following questions **MUST be answered in order to process your application. Please mark either YES or NO below :

Have you or ANY member of your household INCLUDING JUVENILES:

1. **EVER** been arrested, cited, prosecuted, plead guilty to or been convicted of a crime? YES _____ NO _____

*Excluding Traffic Violations

a. If YES, was it a State Crime? YES _____ NO _____

b. If YES, was it a Federal Crime? YES _____ NO _____

c. If YES, was the crime a Misdemeanor? YES _____ NO _____

d. if YES, was the crime a Felony? YES _____ NO _____

2. **EVER** been arrested for a crime invlolving a **sexual offense** in any state or country? YES _____ NO _____

3. Are you required to register as a **Sex Offender/Predator** in the state for which you are applying? YES _____ NO _____

4. **EVER** been placed on probation, parole or any other release for jail or prison? YES _____ NO _____

5. **EVER** been or currently are a member of a gang? YES _____ NO _____

6. Are the currently any outstanding arrest warrants for you or ANY member of your household? YES _____ NO _____

7. Do you have any pending civil or criminal litigation(s)? YES _____ NO _____

8. **EVER** been evicted or had a forcible detainer filed against you? YES _____ NO _____

9. **EVER** moved to avoid eviction because of conflicts with other tenants or a landlord? YES _____ NO _____

Explain ALL "YES" selections in written detail:

_____

_____

_____

_____

PLEASE READ CAREFULLY

Applicant represents that all of the above statements are true and complete, and hereby authorize verification, now and in the future, of above information, references and credit records. Applicant acknowledges that ANY false information contained herein constitutes grounds for rejection of this application if discovered before or after move-in. Management reserves the right to verify application information after move-in. This application is preliminary only and does not obligate owner or representative to execute a lease or deliver possession of proposed premises. By signing this application, applicant(s) authorize all persons/firms named and unnamed in this application to freely provide any and all requested information concerning applicants and hereby waive all right of action for any consequences resulting from such information.

By signing below, you are giving Keith Management authorization to run your credit report, criminal history, verify employment and/or income, and inquire about tenancy with previous landlords.

Applicant's Signature: _____ **Date:** _____

Applicant's Signature: _____ **Date:** _____

KEITH MANAGEMENT, LLC
1775 E Queen Creek Rd, Ste 3
Chandler, AZ 85286
480-963-2584

APPLICATION FOR RESIDENCY PROCEDURE

Prior to completing the **Application for Residency**, please review the following information:

1. Rental Agreement for premises you are considering renting.
2. Crime and Drug Free Addendum to Lease Agreement
3. Park's Rules and Regulations
4. Park's Statements of Policy
5. Rent Disclosure Statement
6. Age 55+ Community Age Verification Form
7. Information for Applicants
8. Application for Residency
9. Application for Residency Procedure

If, after reviewing the previous information, you would like to make application for residency, please complete the application form. At the time the application is submitted, there is a non-refundable application fee of forty-five dollars ($45.00) per person that must be paid with money order or certified check made payable to Keith Management, LLC. The information you provide will be used to verify credit and criminal history.

I/we understand that ALL PERSONS (prospective tenants/spouses/family members/caregivers/dependents, etc.) MUST complete an Application for Residency Form in order to be approved to reside in the home/community we are applying for.

I/we have received and reviewed the above listed information and would like to make application for residency.

I/we authorize Keith Management, LLC to conduct a Consumer Report on me/us.

Applicant: X_____ Date:_____
Signature

Applicant: X_____ Date:_____
Signature

AGE 55+ COMMUNITY AGE VERIFICATION FORM

BACKGROUND

In 1995 Congress passed the Housing for Older Persons Act. The Federal Fair Housing Act prohibits discrimination in renting to families with children under eighteen (18) years of age. The 1995 law, however, permits an exception for residential properties (including manufactured home communities) that allows for a Senior Status Exemption. If a community qualifies in terms of the ages of its residents, it may declare itself a Seniors Community and thereby legally exclude families with young children.

The law requires documentation to support the Seniors Exemption. To preserve the Seniors Status of your community we ask that you complete the brief questionnaire. Please return it to the office. In order to protect the Seniors Status, we will screen any prospective purchasers of park homes, or subleases.

INFORMATION

Names of Full Time Residents	Date of Birth	Age	Do You Own/ Rent Your Home?	Date You Moved in Park: Month/Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Resident means the person(s) entitled to occupy the home under the terms of the Rental Agreement. This includes persons with a valid, approved sublease Agreement; it does not include guests or visitors.

PROOF OF AGE

The law also requires that the Community have and enforce effective age verification procedures. To comply with us, we ask that you attach a copy of the driver's license or other government issued photo ID issued to one of the residents listed above, showing that resident to be more than 55 years of age.

Thank you for your cooperation.

RESPONSE

The information listed above and copy of ID attached is true and accurate.

X_____ Date: _____
Tenant Signature

X_____ Date: _____
Tenant Signature

Verified by Park Manager: _____

LEASE ADDENDUM FOR A Crime & DRUG-FREE HOUSING

In consideration of the execution or renewal of a lease of the space or dwelling unit identified in the lease, Landlord and Tenant agree as follows:

1. Tenant, any members of the Tenant's household or a guest or other person under the resident's control shall not engage in criminal activity, including drug-related criminal activity, on or near the said premises. "Drug-related criminal activity" means the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or use a controlled substance [as defined in Section 102 of the Controlled Substance Act (21 U.S.C. 802]).

2. Tenant, any member of the Tenant's household or a guest or other person under the Tenant's control shall not engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near the said premises.

3. Tenant or members of the household will not permit the space or dwelling unit to be us used for, or to facilitate criminal activity, including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household or a guest.

4. Tenant, any member of the Tenant's household or a guest, or another person under the Tenant's control shall not engage in the unlawful manufacturing, selling, using storing, keeping or giving of a controlled substance as defined in , at any locations, whether on or near the premises or otherwise.

5. Tenant, any member of the Tenant's household, or a guest or another person under the Tenant's control shall not engage in any illegal activity, including prostitution, criminal street gang activity, threatening or intimidating as prohibited in, assault, including but not limited to the unlawful discharge of firearms on or near the premises or any breach of the rental agreement that otherwise jeopardizes the health, safety and welfare of the Landlord, his agent or other tenant or involving imminent or actual serious property damage

6. **VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE LEASE/RENTAL AGREEMENT AND GOOD CAUSE FOR IMMEDIATE TERMINATION OF TENANCY**. A single violation of any of the provisions of this added addendum shall be deemed a serious violation and material non-compliance. It is understood and agreed that a single violation shall be good cause for termination of the lease/rental agreement under A Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by a preponderance of the evidence.

7. In case of conflict between the provisions of this addendum and any other provisions of the lease, the provisions of the addendum shall govern.

8. Tenant hereby authorizes the use all police generated reports as direct evidence in all eviction hearings and trials for violation of this Addendum.

9. This LEASE ADDENDUM is incorporated into the lease executed or renewed this day between Landlord and Resident.

_____	_____
Tenant Signature	Date
_____	_____
Tenant Signature	Date
_____	_____
Manager's Signature	Date