Alpine Oaks Estates

APPLICATION FOR RESIDENCY

Application for Space #:_____

Park Admission Requirements

Incomplete applications will not be processed. All applications must be fully completed and physically submitted to the office. Initial each line below to confirm that you understand the requirements provided and have completed your submission.

___-Applicant's monthly income must be 3x the rent

___-Applicant must list all income sources and provide proof of income.

___-Applicant must have a minimum credit score of 650.

___-Prior credit and tenancy history will be considered.

___-The park application must be filled out in full.

___-There is a $45.00 credit check fee that must be paid with a money order or cashier's check.

___-A copy of driver's licenses or a picture ID card.

___-If you have a Social Security number or ITIN number please provide it.

By submitting this application you agree to a Credit Report and Background Check being run as part of the application process.

_____ _____

Applicant Date

_____ _____

Applicant Signature Date

_____ _____

Applicant Date

_____ _____

Applicant Signature Date

Alpine Oaks Estates

APPLICATION FOR RESIDENCY

Application for Space #:_____

Personal Information:

Name: _____ Date of Birth: _____

Phone Number: _____

Date: _____

Present Address: _____

City: _____ State: _____ Zip: _____

SSN: _____

Driver's License Number: _____

Other Occupants:

1. Name: _____ Date of Birth: _____

Relationship: _____

SSN: _____

Driver's License Number: _____

2. Name: _____ Date of Birth: _____

Relationship: _____

SSN: _____

Driver's License Number: _____

3. Name: _____ Date of Birth: _____

Relationship: _____

SSN: _____

Driver's License Number: _____

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APPLICATION FOR RESIDENCY

Previous Residency:

Present Landlord / Mortgage Co.: _____ Years: _____

Address: _____ Phone: _____

Monthly Rent or Mortgage Payment: _____

Prior Landlord / Mortgage Co.: _____ Years: _____

Address: _____ Phone: _____

Monthly Rent or Mortgage Payment: _____

☐ Yes ☐ No — Have you ever been asked to end your residency elsewhere, or been evicted?
If yes, please explain: _____

☐ Yes ☐ No — Have you ever lived in a mobilehome park before?
If yes, please explain: _____

Address: _____
City: _____ State: _____ Zip: _____

Dates of Residency: _____

Latest Rent: _____

Vehicles:

Number of Vehicles: _____ Boat(s): _____ Other: _____

1. Make: _____ Model: _____ Year: _____ License: _____ State: _____

Financed by: _____ Address: _____ Phone: _____

2. Make: _____ Model: _____ Year: _____ License: _____ State: _____

Financed by: _____ Address: _____ Phone: _____

3. Make: _____ Model: _____ Year: _____ License: _____ State: _____

Financed by: _____ Address: _____ Phone: _____

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APPLICATION FOR RESIDENCY

Employment:

Employer: _____ Phone: _____

Address: _____

City: _____ State/Zip: _____

Position: _____ Gross Monthly Salary: _____

Immediate Supervisor: _____ Length of Employment: Yrs: ___ Months: ___

Co-Resident 1

Name: _____ Date of Birth: _____

Employer: _____ Phone: _____

Address: _____

City: _____ State/Zip: _____

Position: _____ Gross Monthly Salary: _____

Immediate Supervisor: _____ Length of Employment: Yrs: ___ Months: ___

Co-Resident 2

Name: _____ Date of Birth: _____

Employer: _____ Phone: _____

Address: _____

City: _____ State/Zip: _____

Position: _____ Gross Monthly Salary: _____

Immediate Supervisor: _____ Length of Employment: Yrs: ___ Months: ___

If not employed, source and amount of financial support:

_____

_____

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APPLICATION FOR RESIDENCY

Financial Information:

Bank: _____ City: _____ Acct No: _____ ☐ Checking ☐ Savings ☐ Loan

Bank: _____ City: _____ Acct No: _____ ☐ Checking ☐ Savings ☐ Loan

Credit Card: _____ Acct No: _____ Years: _____

Credit Card: _____ Acct No: _____ Years: _____

Credit Card: _____ Acct No: _____ Years: _____

References:

Business References

Name: _____ City: _____ Phone: _____

Name: _____ City: _____ Phone: _____

Personal References

Name: _____ City: _____ Phone: _____

Name: _____ City: _____ Phone: _____

Emergency Contact:

Name: _____ Phone: _____

Address: _____ City: _____ State/Zip: _____

Relationship: _____

Pets:

1. Name: _____ Age: _____ Height: _____ Weight: _____

Type: _____ Color/Description: _____

2. Name: _____ Age: _____ Height: _____ Weight: _____

Alpine Oaks Estates

APPLICATION FOR RESIDENCY

Type: _____ Color/Description: _____

NETWORTH WORKSHEET

ASSETS	CURRENT VALUE	LIABILITIES	AMOUNT
Cash		Mortgage Balance	
Checking Account		Credit Cards	
Savings		Banks Loans	
Cash Value of Life Insurance		Car Loans	
Retirement Accounts		Personal Loans	
Real Estate		Other Outstanding Loans or Liabilities	
Home			
Other Investments			
Personal Property			
Total Assets:		**Total Liabilities:**	
Net Worth: _____			
To determine your net worth, subtract the Total Liabilities from Total Assets.			

Alpine Oaks Estates

APPLICATION FOR RESIDENCY

Mobile Home Information: *If new home to occupy vacant space*

Make/Model: _____ Length: _____ Width: _____ Height: _____

Year: _____ Breaker Size: _____ amps VIN: _____

Value: _____ Financed by: _____

Current Location: _____

Legal Owner Name/Address: _____

Registered Owner Name/Address: _____

Junior Lienholder Name/Address: _____

The undersigned represents and warrants that the above information is true and has been made for the purpose of informing the management of the park. The management has permission to verify any and all information offered on this application.

The undersigned understands that in the event that any of the above information cannot be verified by the management of the Park, the management of the Park has the right to deny the application. The undersigned further understands that Prospective Resident(s) shall have no right of tenancy until a Rental Agreement has been signed by the Park management and the prospective resident(s).

Applicant: _____ Date: _____

Applicant: _____ Date: _____

Applicant: _____ Date: _____