

Harbor's Edge

PO Box 1388
Birmingham, MI 48012

Application for Residency

\$25.00 fee per applicant

PLEASE PRINT

PHONE # _____

APPLICANT INFORMATION:

Name of Applicant: _____ Date of Birth ___/___/___ SSN: _____

Name of Co-applicant: _____ Date of Birth ___/___/___ SSN: _____

Full Names of All Other Residents: (including children)	Relationship to You	Date of Birth

How Many Pets Do You or Other Occupants Own? _____

Kind of Pet, Breed, Weight and Age _____

RESIDENCE HISTORY:

PRESENT ADDRESS: _____

City: _____ State: _____ Zip: _____

How long have you resided at this address? _____ Yrs _____ Mths

Present Landlord or Mortgage Co. _____ Phone: _____

Monthly Payment \$ _____ Reason for Moving _____

PREVIOUS ADDRESSES: **LIST FOR PAST 5 YEARS:** IF YOU WERE RENTING, PLEASE GIVE LANDLORD'S NAME AND PHONE NUMBER.

_____ WHEN? _____

_____ WHEN? _____

_____ WHEN? _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No

Been evicted or asked to move out? Yes No Broken a Rental Agreement or Lease? Yes No

Been sued for damage to rental property? Yes No Been Convicted of a Felony? Yes No

EMPLOYMENT INFORMATION: (Last 5 years, and also need proof of income, 2-3 check stubs etc.)

APPLICANT'S EMPLOYER: _____ Dates From: _____ To: _____

Address: _____ Telephone: _____

Position: _____ Supervisor: _____ Gross Monthly Salary \$ _____

CO-APPLICANT'S EMPLOYER: _____ Dates From: _____ To: _____

Address: _____ Telephone: _____

Position: _____ Supervisor: _____ Gross Monthly Salary \$ _____

OTHER INFORMATION:

BANK NAME: _____ Telephone: _____

TOTAL NUMBER OF VEHICLES: _____

Make/Model _____ Year _____ License # _____ State _____

Make/Model _____ Year _____ License # _____ State _____

Make/Model _____ Year _____ License # _____ State _____

In case of Personal Emergency, Notify: _____ Relationship: _____

Address: _____ Home Phone: _____ Work Phone: _____

I hereby make application for a mobile home lot and certify that this information is correct. I/We also agree to abide by the Park Rules now in effect or which may later be posted. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit-reporting agency, which will appear as an inquiry on my file.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

IF YOU ARE APPLYING FOR A SPACE FOR YOUR MOBILE HOME, PLEASE FILL IN ALL OF THE FOLLOWING QUESTIONS COMPLETELY:

Make and Model: _____ Year: _____

Size: _____ x _____ New: _____ Used: _____

Does your home have?	Add-A-Room	Yes	No.	If yes, what size	_____ x _____
	Tip-Out	Yes	No.	If yes, what size	_____ x _____
	Deck	Yes	No.	If yes, what size	_____ x _____

Address where is the home currently located? _____ Phone # _____

Lien Holder(s) _____ Phone # _____

Account # _____

What size electrical service does your home require? 100 AMP _____ 200 AMP _____

What size frame does your home have? 75 ½ 82 ½ 99 ½ (Circle One) or list other size _____

Harbor's Edge
PO Box 1388
Birmingham, MI 48012
"A quality, quiet, comfortable living community"

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I/We, the undersigned, authorize and direct any Individual, Business, Organization, Federal, State, or Local Agency to release and/or verify any information which is deemed necessary in connection with the processing of my/our application for residency at Harbor's Edge, in Lakeside Marblehead, OH.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity	Credit and Criminal Activity
Residences and Rental Activity	Employment

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release/verify the above information include but are not limited to:

Courts & Post Offices	Law Enforcement Agencies
Utility Companies	Credit Providers & Credit Bureau
Employer	Financial Institutions
Previous Landlords (Including Public Housing Agencies)	

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office. I understand I/We have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

(Signature)	(Print Name)	Date
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(Signature)	(Print Name)	Date
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