

Riverview Terrace, 8166 Dogwood Drive Findlay, OH. Phone 419-424-9637 • Fax 419-424-9551

Residential Rental Application —Your application may not be processed until all lines have been completed as requested. All information provided herein is held in strictest of confidence. Management reserves the right to deny residency to anyone at their discretion.

The approval for residency expires at the end of a 3-month timeframe.

Once residency is established, a copy of the mobile home title showing that you are the owner is required to be submitted to the office within 3 days from time of purchase.

Current lot rent includes trash pickup and is due the first of each month. Late fees apply as noted: \$25.00 if received after the 5th. Water is billed to the residents separately; payable to Riverview Terrace with lot rent. A deposit equal to the current lot rent plus the first month lot rent is payable at the time of closing. Units are for single family dwelling use only. **Rental and Sub-leasing is prohibited**.

PRIMARY APPLICANT: A	DDRESS you	are applying for:			
Are you applying for Financing	? □ Yes □ N	o			
If yes, how will you be financing	the home? _				
Have you ever applied for residency of Have you ever applied for residency of Have you ever applied for residency of Have you ever applied for residency of	been a resident been a resident	of Riverview Terrace (F of Deer Ridge (Findlay)	indlay) ☐ Yes ☐ ☐ Yes ☐ No W	□ No When?	
Have you ever been asked to terminate	your residency	elsewhere, been evicted,	or had forcible e	ntry charges brought against you?	
□ Yes □ No When?	Wher	e?			
Have you ever been convicted of a felo	ny? □ Yes □	No When?			
Explain:			2		
Last Name	Middle		First Name		
Social Security #	Date of Birth		Contact #		
Primary Applicant Residence H Own Rent Live w/paren					
2	City	State	From	n: To: (Length of Residency)	
Present Address - Street	11.00				
Present Landlord or Mortgage Holder	Telephone #	\$Rent/Mortgage Amt.	Reason for movin	ng	
			Fron	n:To: (Length of Residency)	
Previous Address - Street	City	State	Zip Code	(Length of Residency)	
Previous Landlord or Mortgage Holder	Telephone #	\$	Reason for mov	ina	

Primary Appl	icant Employment	History (minimum	of 2 yes	ars employment h	istory):			
Please provide	e a copy of last year	r's W-2, the most reco	ent pay	stub, or other sou	arce of income do	cument.		
Present Employer		Con	Contact Name			Contact Phone #		
Street Address	City	State Z		m:To: (Length of Employ)	Occupation	Annual Income		
Previous Employer		Con	Contact Name From: To:			Contact Phone #		
Street Address	City	State Z		(Length of Employ)	Occupation	Annual Income		
Primary Applicant Additional Source of Income:								
Other Monthly	Income: \$	Source:			Provide o	locumentation		
Other Monthly	Income: \$	Source:			Provide o	locumentation		
Primary Applicant - Please provide Emergency Contact: Name Address Contact Number Relationship								
CO-APPLICANT: ADDRESS you are applying for: Are you applying for Financing?								
Last Name		Middle		First 1	Name			

Date of Birth

Contact #

Social Security #

Co-Applicant Reside			of 2 years	s residence	history):			
□ Own □ Rent □ I	Live w/parents	□ Other						
				-		From:_	To:	
Present Address - Street		City		State	Zip Code		(Length of Residen	icy)
Present Landlord or Mortgag	ra Haldar	Telephone #	\$	ortgage Amt.	Reason for	moving		
Present Landiord of Mortgag	ge rioidei	reteptione #	Kellowie	rigage Ami.	Reason for	moving		
Previous Address - Street		City		State	Zip Code	From:_	To:_ (Length of Residen	nev)
Tievious Address - Street			¢		Zip code		(Bengin of Residen	()
Previous Landlord or Mortga	age Holder	Telephone #	Rent/M	lortgage Amt.	Reason fo	r moving		
Co-Applicant Emplo							of income doc	ument.
Present E	mployer		Contac	ct Name			Contact Phone #	
Street Address	City		State Zip	From: Code (Lengt	To: th of Employ)		Occupation	Annual Income
Previous I	Employer		Contac	ct Name	т.		Contact Phone #	<i>‡</i>
Street Address	City		State Zip	From: Code (Lengt			Occupation	Annual Income
Co-Applicant Addit	ional Source	of Income:						
Other Monthly Incom	ne: \$	Sc	ource:				Provide d	ocumentation
Other Monthly Incom	ne: \$	Sc	ource:				Provide d	ocumentation
D: IC	P 4							
Primary and Co-Ap How many individua Other Residents/Ch	als will be res	iding in the	Mobile H	ome [] Sel	lf [] Co-A	Applica	ant [] Others	#
Last Name	Fir	st Name		Date o	of Birth	R	elationship to Applic	cant
Last Name	Fir	st Name		Date of	of Birth	R	elationship to Applic	cant
Last Name	Fir	st Name		Date o	of Birth	R	elationship to Applic	cant
Last Name	Fir	st Name		Date o	of Birth	R	elationship to Applic	cant

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Co-Applicant Please provide Emergency Contact:						
<u>comprienze i iense</u>	pa o vivie sime general de la constante de la					
Name	Address	Contact Number	Relationship			
Do you own a Pet? No Yes Dog Cat Pets are limited to two per household and must be approved prior to ownership and not weigh more than 60 lbs. when fully grown. There are a few large dogs over 30 lbs. that have been grand-fathered into the park with prior approval; no dogs over 60 lbs. will be permitted in the future. Dogs and cats alike are to be licensed and on a leash when outside. No pet is to be left outside unattended. Ohio Dept. of Health law specifies "no domestic animals or house pets are allowed to run at large or create nuisances"; all animal feces is to be cleaned up on a daily basis. No outdoor pet enclosures are permitted in the park. Failure to abide by park rules regarding pets will result in the removal of the pet.						
Name of Pet	Breed	Name of Pet	Breed			
Male □ Female □ Age	2	Male □ Female □ Age				
Current Weight	Not to exceed 60 lbs. when full grown.	Current Weight	Not to exceed 60 lbs. when full grown.			
Color/Markings:		Color/Markings:				
In considering this application from you, management will rely heavily on the information which you have supplied. By signing this application, I/We represent and warrant that all information provided is correct. Additionally, the property will not be used for any illegal or restricted purpose. I/We authorize a representative of Vancouver Mgt., Inc., dba Riverview Terrace M.H.P. to contact and verify any references that I/We have listed and understand that a Credit Report and Background check will be processed. I/We understand fully that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable of the provisions of title 18, United States Code, Section 1014. I/We also understand that the approval for residency expires at the end of a 3-month timeframe. Primary Applicant Signature: Date: Date:						
Co-Applicant Signature:		Date.				
CO SIGNED FOR I	OT DENT. (Please Leave Plank)					
CO-SIGNER FOR L	OT RENT: (Please Leave Blank)					
[will be co-signer for the lot rent for one year effective					
(Please Print)						
(Please S	ian	(Date)				
The Management of this park offers Equal Housing Opportunities. We do business in accordance with Federal Fair Housing Law and do not discriminate against any person because of race, color, religion, sex or national origin in the sale of housing or rental of residential lots; in advertising the sale or rental of lots. Management reserves the right to terminate any Resident's residency in the park for any violation of the rules and regulations in accordance with local laws.						
Office Use Only						
□ Employment Verified Date: □ Background Check Date: □ Fostoria/Wood/Seneca Municipal Court Background Check Date: □ Landlord contacted/verified Date: □ Additional Notes: □ Approved for Residency □ Not Approved for Residency □ Date: □ By: □ By: □ Date: □ By: □ Date: □ By: □ Date: □ By: □ Date: □ Date: □ Date: □ By: □ Date: □ D						
ADDIOVED IOI RESIDE						

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Vehicle Registration

Vehicle Make:	Model:	Year:	Color:
Vehicle Make:	Model:	Year:	Color:
Vehicle Make:	Model:	Year:	Color:
Address:			
Signature:		Date:	
Signature:		Date:	