

APPLICATION FOR RESIDENCY

Bloomfield Hills Manufactured Home Community
201 Luther Foster Ln. Clinton, TN 37716

NOTE: \$50 Non-Refundable Application Fee is required for each applicant 18 years or older

Today's Date: ____/____/____ How soon would you like to move in? _____

Applicant's Full Name: _____ Maiden Name: _____

Social Security No: _____ **Birthday:** _____

Driver's License or Photo ID No. _____ Issued by the State of: _____

How can we reach you about this application?

Home # _____ Cell # _____ Work # _____

E-mail: _____

Where do you live now?

Address: _____
(Street Number only; DO NOT USE PO BOX) (City) (State) (Zip)

Is this a House Apartment Other When did you move in: _____ How much rent do you pay? \$ _____

Are you still there? YES NO Have you given notice to move? YES NO

Name of Landlord or Apartment Complex: _____

Telephone No. _____ May we contact your present landlord about your application? YES NO

PLEASE LIST OTHER ADDRESSES WHERE YOU HAVE LIVED DURING THE PAST 5 YEARS. USE A SEPARATE SHEET IF NECESSARY.

Address: _____
(Street Number only; DO NOT USE PO BOX) (City) (State) (Zip)

Dates that you lived there: FROM: _____ TO: _____ Landlord name & phone # _____

Address: _____
(Street Number only; DO NOT USE PO BOX) (City) (State) (Zip)

Dates that you lived there: FROM: _____ TO: _____ Landlord name & phone # _____

Have you ever been evicted: YES NO If Yes, please explain: _____

EMPLOYMENT HISTORY

What is the name of the company you work for now? _____

Address: _____
(Street Number only; DO NOT USE PO BOX) (City) (State) (Zip)

Telephone No: _____ When did you start? _____ Position held: _____

How much do you earn before Taxes and other deductions? \$ _____ (Circle one) **HOUR WEEK MONTH**

How often are you paid? Weekly _____ Every 2 Weeks _____ Two times per month _____ one time per month _____

How many hours (average) do you work per week? _____

Please list other places you have worked over the past 3 Years or if you have a second job, please list below. Use separate paper if necessary.

Employer's Name: _____ How long did you work there? _____

Address: _____
(Street Number only; DO NOT USE PO BOX) (City) (State) (Zip)

Telephone #: _____ How much were you paid per month at this employer? _____

Do you have any other income that you would like us to use for this application? YES NO If Yes, how much? \$ _____ WK MO YR
What is the source of this income? _____ If child support, is it court ordered? YES NO

Are your wages currently being garnished? YES [] NO [] If Yes, monthly amount of garnishment: \$ _____ Written supporting documentation of this garnishment is required with this application.

Please list other people 17 years old and under who will be living with you. (Separate application is required for any person 18 and older)

Full Name: _____ Relationship: _____ Birthdate: _____

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(List additional people on a separate sheet of paper)

OTHER INFORMATION

Have you or any other persons making application or residing at Bloomfield Hills with you ever been convicted of a crime other than traffic violations? NO _____ YES _____ **If yes, then state crime and sentence given:** _____
(Use a separate sheet of paper if more space is needed)

Do you own any pets? YES [] NO [] If so, how many? _____ what kind? _____ Size/Lbs. _____

In case of emergency whom may we contact (nearest relative or friend not living with you)?

Name: _____ Address: _____

Home #: _____ Cell #: _____ Work #: _____ Relationship: _____

Information about your vehicles. (Only vehicles in good working condition with undamaged bodies and evenly finished paint are permitted) Please include company/work vehicles you may drive and motorcycles. RV's are prohibited from parking in community. If you have more than 2 vehicles, extra parking spaces or storage of the extra vehicle in our storage facility may be necessary with extra charges or fees.

Year & Make: _____ Model: _____ Color: _____ License Tag # _____

Year & Make: _____ Model: _____ Color: _____ License Tag # _____

Year & Make: _____ Model: _____ Color: _____ License Tag # _____

The undersigned declares that the information on this rental application is true and correct and understands that false or misleading statements may result in rejection of this and any future applications for housing or termination of lease at Bloomfield Hills. The undersigned also agrees that he/she must be in compliance with the community's Guidelines. The undersigned, upon becoming a resident of this community, does give permission for the management of verify residency of the undersigned to utilities, cable television companies and law enforcement authorities. The undersigned does understand that all persons/firms given as reference herein may provide information concerning his/her credit worthiness and waives all right of action for any consequence resulting from such information. The signature below authorizes investigation of all statements contained herein, as well as credit investigation through credit reporting services and criminal checks through private investigation services.

Applicant's Signature

Application Date

INFORMATION NEEDED WITH YOUR APPLICATION

Please provide the following information when you submit your completed application:

1. Driver's license or Pictured ID issued by DMV for each adult applicant
2. Social Security card (or Tax ID card) for each adult applicant
3. Pay stubs for most recent 4 weeks of work for each employed adult.
4. Employer's name, address and telephone number
5. Other proof of income if pay stubs are not available.
6. Proof of other income you want to include such as: child support, social security or disability income payments.
7. Check or money order for non-refundable application fee of \$50.00 per adult applicant
8. Check or money order for good faith deposit to hold the home or lot you have chosen. This money will be applied to reduce the total required deposit
9. Be sure you include information requested about your cars
10. Be sure each applicant has signed and dated the application