

Applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
E-mail:			
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Former address (If less than 3 years):			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Wages: \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Annual income:	
Former Employer:			
Financial			
Optional Income: Alimony or child support or separate maintenance payments are optional information and need not be revealed if the applicant does not choose to rely on such income in applying.		Additional Income: \$ Source: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
Debts: List all banks, stores, loan and finance companies, credit unions, and others to whom you are indebted, include any revolving credit line.			
Creditor:	Monthly Payment:	Present Balance:	
1 Auto Loan			
2 Credit Card			
3 Other			
Are you listed on any registry as a repeat sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you ever bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Co-applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
E-mail:			
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Former address (If less than 3 years):			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Co-applicant Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Wages: \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Annual income:	
Former Employer:			
Financial			
Optional Income: Alimony or child support or separate maintenance payments are optional information and need not be revealed if the applicant does not choose to rely on such income in applying.		Additional Income: \$ Source: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
Debts: List all banks, stores, loan and finance companies, credit unions, and others to whom you are indebted, include any revolving credit line.			
Creditor:	Monthly Payment:	Present Balance:	
1 Auto Loan			
2 Credit Card			
3 Other			
Are you listed on any registry as a repeat sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you ever bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Occupants			
Name:	SSN:	DOB:	Relationship:
Name:	SSN:	DOB:	Relationship:
Name:	SSN:	DOB:	Relationship:

Pets [Subject to Management Approval]				
Type:	Color:	Breed:	Weight:	Name:
Type:	Color:	Breed:	Weight:	Name:
Type:	Color:	Breed:	Weight:	Name:
Vehicles				
Make/Model:	Color:	Year:	Tag#:	
Make/Model:	Color:	Year:	Tag#:	
Make/Model: [Subject to Approval]	Color:	Year:	Tag#:	
Make/Model: [Subject to Approval]	Color:	Year:	Tag#:	
Questionnaire				
Questions	Applicant		Co-Applicant	
Do you smoke?	Yes: _____	No: _____	Yes: _____	No: _____
Have you ever owned your own home?	Yes: _____	No: _____	Yes: _____	No: _____
Do you have any pets?	Yes: _____	No: _____	Yes: _____	No: _____

If either applicant answered yes to any of the questions above, please explain:

To the best of my knowledge, all of the information that I provided above is true and correct. I authorize Carriage Mobile Homes, Inc. to check all references provided on this application. I also understand that I must provide a deposit to the Landlord for the purposes of holding a unit and that my deposit is only refundable within twenty-four (24) hours. If I decide not to sign the rental agreement after being approved, this deposit will account for the unit being taken off the market and will become NON-refundable.

Applicant Signature:	Date:
Co-Applicant Signature:	Date: