

## **Rental Application**

Manufactured Home Community

THIS APPLICATION REQUIRES A NON-REFUNDABLE \$20.00 FEE PER PERSON!

808 Tropicana Village Dr. Moscow Mills, MO 63362

Phone: (636) 366-9009 Fax: (636) 366-9966

On the web at <a href="https://www.TropicanaVillage.com">www.TropicanaVillage.com</a>

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# Tropicana Village Manufactured Home Community Rental Application

Αľ	DDRESS AND/OR LOT NO. APPLYING I	OR:		Date:
ΕN	MAIL ADDRESS:			
		APPLIC	CANT DETA	AILS
1.	Full Name:	M	aiden Name:	Date of Birth:
2.	Social Security Number:	Drivers License No/State:		
3.	Address:		_City/Zip:	Phone:
	SI	POUSE/ (	OTHER DET	TAILS
4.	Spouse:	М	aiden Name:	Date of Birth:
5.	Social Security Number:	Drivers License No/State:		
6.	Address:		_City/Zip:	Phone:
	occu	PANT &	CHILDREN	DETAILS
7. Names of all persons proposing to live in home. At landlord's request, a separate Rental Application may be required for each person listed below.			quest, a separate Rental Application and Fee	
	Full Name:			Date of Birth:
	Full Name:			Date of Birth:
	Full Name:			Date of Birth:
	Full Name:			Date of Birth:
			PETS	
8.	There will be no pit bull, Rottweiler This will be subject to management a			must be no larger then 18 inches at the shoulders. the park.
	Will you have petsHo	ow Many	Describe	Tag No

### **LANDLORD & MORTGAGE HISTORY**

9.	Present Landlord:  May we contact your landlord or mo	Address: ortgage holder to inquire or	rental history? ☐Yes	Phone: S
10.	List Previous Two Residences	<b>S</b> :		
	a. Street Address:		City:	State, Zip:
	How long:(Y/M) Payr	nent Amount:	Landlord Name &	& Phone:
	b. Street Address:		City:	State, Zip:
	How long:(Y/M) Payr	nent Amount:	Landlord Name &	& Phone:
11.		PLICANT EMP		STORY Monthly Salary:
	Address:	(	City:	State, Zip:
	Position:	How long:	(Y/M) Supervisor:	
12.	Previous Employer:		Phone:	Monthly Salary:
	Address:	(	City:	State, Zip:
	Position:	How long:	(Y/M) Supervisor Na	me:
	SF	POUSE EMPLO	DYMENT HIST	ORY
13.	Spouse Employer:		Phone:	Monthly Salary:
	Address:		City:	State, Zip:
	Position:	How long:	(Y/M) Supervisor:	
14.	Previous Employer:		Phone:	Monthly Salary:
	Address:	(	City:	State, Zip:
	Position:	How long:	(Y/M) Supervisor Na	me:

### **CREDIT HISTORY**

15.	List three credit ref	erences or credit accounts:				
	Name:	Addı	ress:	_		
	Account No:	Pho	one:	_		
	Name:	Addr	ress:	_		
	Account No:	Pho	one:	_		
	Name:	Addr	ress:	_		
	Account No:	Pho	one:			
16.	List three persons	REFER				
	-		Phone:			
			Phone:			
	Name:	Address:	Phone:			
17.	Bank:		NFORMATION  Iress:			
	Account No:	Pr	none:			
18.	Emergency Contac	Emergency Contact (nearest relative not living with you):				
	Name:	Address:	Phone:			
19.	Automobiles:					
	Applicant:					
	Year:	Make:	Model:			
	Color:	License:	State:	-		
	Spouse:					
	Year:	Make:	Model:	_		
	Color	Licence	State			

Background Information:					
HAVE YOU EVER BEEN CONVICTE	ED OF A FELONY OR A FIRST DEGREE MISDEMEANOR?				
YES If "YES", what charges?					
Where convicted?	Date of Conviction:				
HAVE YOU EVER PLED NO CONTEST OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DE MISDEMEANOR?					
If "YES", what charges?		YES			
Where?Date:					
	DICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY				
HAVE YOU EVER HAD THE ADJUG	DICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY	OR YES			
HAVE YOU EVER HAD THE ADJUIT DEGREE MISDEMEANOR?  If "YES", what charges?	DICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY	YES			
HAVE YOU EVER HAD THE ADJUIT DEGREE MISDEMEANOR?  If "YES", what charges?	DICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY	YES			
HAVE YOU EVER HAD THE ADJUIT DEGREE MISDEMEANOR?  If "YES", what charges?  Where?	DICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY  Date:  URRENTLY ON ANY TYPE OF PROBATION?	YES			

#### 21. CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for acceptance consideration and, if I am accepted, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Missouri state government for rental acceptance purposes. This consent shall continue to be effective during my residency if I am accepted. I understandthat applications submitted for Tropicana Village are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

NOTE: A "YES" answer to these questions will not automatically bar you from acceptance.

22. REFERRED BY:	ADDRESS:		
23. FINANCED BY:	FINANCED BY:BOUGHT FROM:		
HOME SIZE:	SINGLEWIDE   DOUBLEWIDE LOAN NUMBER:		
APPLICANT SIGNATURE:		_ DATE:	
PRINT NAME:			
SPOUSES SIGNATURE:		_DATE:	
PRINT NAME:			