

APPLICATION FOR RESIDENCY  
EL DORADO ESTATES (Effective June 19, 2022)

SPACE NUMBER \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

PLEASE PRINT AND ANSWER ALL QUESTIONS

**SECTION 1 APPLICANT WITH FINANCIAL RESPONSIBILITY**

Full Name \_\_\_\_\_ Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Marital Status \_\_\_\_\_ Email Address \_\_\_\_\_@\_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Own \_\_\_\_\_ Rent \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Residential Home \_\_\_\_\_ Manufactured Home \_\_\_\_\_  
Landlord/Mortgage Holder Name \_\_\_\_\_ PHONE # (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Landlord/Mortgage Holder Address \_\_\_\_\_  
Dates: From \_\_\_\_\_ to \_\_\_\_\_ Monthly payment \_\_\_\_\_

Previous Address (If less than 5 years at current address)

Previous Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Own \_\_\_\_\_ Rent \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Residential Home \_\_\_\_\_ Manufactured Home \_\_\_\_\_  
Landlord/Mortgage Holder Name \_\_\_\_\_ PHONE # (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Landlord/Mortgage Holder Address \_\_\_\_\_  
Dates: From \_\_\_\_\_ to \_\_\_\_\_ Monthly payment \_\_\_\_\_

**SECTION 1 A CO-APPLICANT WITH FINANCIAL RESPONSIBILITY**

Full Name \_\_\_\_\_ Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Marital Status \_\_\_\_\_ Email Address \_\_\_\_\_@\_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Own \_\_\_\_\_ Rent \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Residential Home \_\_\_\_\_ Manufactured Home \_\_\_\_\_  
Landlord/Mortgage Holder Name \_\_\_\_\_ PHONE # (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_  
Landlord/Mortgage Holder Address \_\_\_\_\_  
Dates: From \_\_\_\_\_ to \_\_\_\_\_ Monthly payment \_\_\_\_\_

Previous Address (If less than 5 years at current address)

Previous Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Own \_\_\_\_\_ Rent \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Residential Home \_\_\_\_\_ Manufactured Home \_\_\_\_\_  
Landlord/Mortgage Holder Name \_\_\_\_\_ PHONE # (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Landlord/Mortgage Holder Address \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Monthly payment \_\_\_\_\_

**SECTION 2 OTHER OCCUPANTS**

List below the names of all other persons (in addition to applicant and co-applicant listed above) who will regularly occupy the premises. Background checks will be performed but additional occupants will not be financially responsible. Occupancy is restricted to individuals listed.

<b>Full Name</b>	Relationship	Date of Birth	Social Security Number
_____	_____	___/___/___	_____

Address: \_\_\_\_\_

<b>Full Name</b>	Relationship	Date of Birth	Social Security Number
_____	_____	___/___/___	_____

Address: \_\_\_\_\_

<b>Full Name</b>	Relationship	Date of Birth	Social Security Number
_____	_____	___/___/___	_____

Address: \_\_\_\_\_

**SECTION 3 EMPLOYMENT OF APPLICANT**

Employers Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ Annual Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**If less than 5 years at current employment, provide previous employer information**

Previous Employers Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ Annual Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**SECTION 3 A EMPLOYMENT OF CO-APPLICANT**

Employers Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ Annual Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**If less than 5 years at current employment, provide previous employer information**

Previous Employers Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ Annual Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**SECTION 4 OTHER INCOME**

Please indicate source and amount of any other verifiable income you wish to have considered as a basis for qualifying this application.

Source \_\_\_\_\_ Amount \_\_\_\_\_ Phone Number \_\_\_\_\_ Verified by \_\_\_\_\_

Source \_\_\_\_\_ Amount \_\_\_\_\_ Phone Number \_\_\_\_\_ Verified by \_\_\_\_\_

**SECTION 5 AUTOMOBILES/OTHER VEHICLES**

Please provide information for all automobiles, trucks, RV's, boats, motorcycles that will be parked at your homesite, or stored in EL DORADO ESTATES RV lot. (Storage space may be available for your RV's, boats and excess vehicles for an additional cost in the RV lot)

Make	Model	Year	Color	License Plate #	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**SECTION 6 REFERENCES - NOT RELATED TO YOU**

Personal Reference Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Personal Reference Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Personal Reference Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**SECTION 7 PETS**

Domestic house pets of appropriate size are permitted in this Community. Pets are limited to two (2) domestic house pets only, defined as dogs, cats and birds. Please provide information for any pets that will be living with you. A photo must be provided to management for each pet residing with you.

Type	Breed	Sex	Spayed/Neutered	Color	Age
_____	_____	F ___ M ___	Yes ___ No ___	_____	_____
_____	_____	F ___ M ___	Yes ___ No ___	_____	_____

**SECTION 8 EMERGENCY INFORMATION**

In case of emergency, please provide information on one family member and one other emergency contact.

Family Member Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Other Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Section 9 GENERAL INFORMATION**

Have you ever lived in a manufactured home community before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why did you leave? \_\_\_\_\_

Do you now? Yes \_\_\_ No \_\_\_ If yes, in what community? \_\_\_\_\_

If yes, address of community \_\_\_\_\_

Section 9 cont'd

Has any applicant, co-applicant or other occupants used any other names?

Name \_\_\_\_\_ Other names used \_\_\_\_\_

Name \_\_\_\_\_ Other names used \_\_\_\_\_

Name \_\_\_\_\_ Other names used \_\_\_\_\_

Name \_\_\_\_\_ Other names used \_\_\_\_\_

Name \_\_\_\_\_ Other names used \_\_\_\_\_

**SECTION 10 ADDITIONAL INFORMATION**

Please provide any other information that will help us evaluate your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has anyone on this application that will be living in the home been charged or convicted of any misdemeanors or felonies other than parking tickets? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_ What for? \_\_\_\_\_

When? \_\_\_\_\_ Where? (City, County & State) \_\_\_\_\_

If yes, who? \_\_\_\_\_ What for? \_\_\_\_\_

When? \_\_\_\_\_ Where? (City, County & State) \_\_\_\_\_

(If more room is needed please attach another sheet with information)

**SECTION 11 AUTHORIZATION AND DISCLAIMER**

In order to process this application, copies of two pieces of identification, such as a driver's license with photo and a Social Security card must be provided for applicant and co-applicants.

Applicant Identification \_\_\_\_\_

Co-Applicant Identification \_\_\_\_\_

**CONFIRMATION OF INTENT TO OCCUPY**

I HEREBY CONFIRM THAT IT IS MY INTENTION TO BE A RESIDENT OF THE HOME LOCATED AT SPACE \_\_\_\_\_. I UNDERSTAND THAT THIS HOME WILL BE OCCUPIED BY THE PERSONS LISTED ON THIS APPLICATION. I UNDERSTAND THAT THERE WILL BE NO SUB-LEASING. I UNDERSTAND THAT BEFORE ANY OTHER OCCUPANTS MOVE INTO MY/OUR HOME, THEY WILL BE REQUIRED TO BE APPROVED AND ACCEPTED AS A RESIDENT OF THE COMMUNITY.

I/WE HEREBY AUTHORIZE EL DORADO ESTATES AND IT'S AFFILIATES OR MANAGEMENT TO OBTAIN A CONSUMER CREDIT REPORT AND COMPLETE A BACKGROUND CHECK ON ANY AND ALL APPLICANTS AND ADDITIONAL OCCUPANTS AS DEEMED NECESSARY FOR THE PURPOSE OF EVALUATING THIS APPLICATION. I/WE UNDERSTAND THAT SUCH INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, CREDIT HISTORY, CIVIL AND CRIMINAL INFORMATION, RECORDS OF ARREST, RENTAL HISTORY, EMPLOYMENT AND SALARY DETAILS, VEHICLE RECORS, LICENSING RECORD AND/OR ANY OTHER INFORMATION THAT WILL PROVIDE BASIS FOR APPROVING RESIDENCE TO KEEP OUR COMMUNITY SAFE.

