

**APPLICATION FOR RESIDENCY  
EL DORADO ESTATES**

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

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

**PLEASE PRINT AND ANSWER ALL QUESTIONS**

**SECTION 1                      APPLICANT WITH FINANCIAL RESPONSIBILITY**

Full Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Marital Status \_\_\_\_\_ E-mail address \_\_\_\_\_@\_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Previous Address (if less than 3 years) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Full Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Marital Status \_\_\_\_\_ E-mail address \_\_\_\_\_@\_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Previous Address (if less than 3 years) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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 check will be performed but additional occupants will not be financially responsible. Occupancy is restricted to individuals listed.

Full Name	Relationship	Date of Birth	SS#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION 3                      CURRENT LANDLORD/MORTGAGEE INFORMATION**

Own \_\_\_\_\_ Rent \_\_\_\_\_ Condo \_\_\_ Apartment \_\_\_ Residential Home \_\_\_ Manufactured Home \_\_\_  
Landlord/Mortgage Holder Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Dates: From \_\_\_\_\_ to \_\_\_\_\_ Monthly payment \_\_\_\_\_

If less than 3 years at current address, provide previous Landlord Mortgage Holder information

Own \_\_\_\_\_ Rent \_\_\_\_\_ Condo \_\_\_ Apartment \_\_\_ Residential Home \_\_\_ Manufactured Home \_\_\_  
Landlord/Mortgage Holder Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Dates: From \_\_\_\_\_ to \_\_\_\_\_ Monthly payment \_\_\_\_\_

**SECTION 4                      EMPLOYMENT OF APPLICANT**

Employer Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Position \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ Annual Income \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

If less than 3 years at current employment, provide previous employer information

Employer Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

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

**SECTION 4 A EMPLOYMENT OF CO-APPLICANT**

Employer Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

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

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

If less than 3 years at current employment, provide previous employer information

Employer Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

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

**SECTION 5 OTHER INCOME**

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

Source	Amount	Phone Number	Verified
_____	_____/____/____	(____) ____ - _____	_____
_____	_____/____/____	(____) ____ - _____	_____
_____	_____/____/____	(____) ____ - _____	_____

**SECTION 6 AUTOMOBILES/OTHER VEHICLES**

Please provide information for all automobiles, trucks, RV's, boats, motorcycles that will be parked or stored at El Dorado Estates. Storage space may be available for RV's, boats and excess vehicles.

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

**SECTION 7 REFERENCES**

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

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

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

**SECTION 8 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 9 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 Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

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

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

**SECTION 10 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, what community? \_\_\_\_\_

If this will be a second home or part time residence, how many months of the year do you plan to live in this community? \_\_\_\_\_

**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 MAY OR MAY NOT BE MY PRIMARY RESIDENCE, BUT THAT I WILL OCCUPY THE HOME ON A REGULAR BASIS.**

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**SECTION 12 ADDITIONAL INFORMATION**

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

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

**SECTION 13 AUTHORIZATION AND DISCLAIMER**

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

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

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

I hereby authorize El Dorado Estates and its affiliates or management to obtain a consumer credit report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records and/or any other information. I hereby expressly release El Dorado Estates and its affiliates or management and any procurer or furnisher of such information from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies, including, without limitation, various law enforcement agencies.

As an applicant, I represent that the above statements are correct and complete and that I intend that El Dorado Estates, its affiliates and management rely on these representations in determining whether to lease to me a homesite in the Community. I agree that I have no right to occupy a home or homesite in the Community until and unless this application is approved, a rental agreement is signed and I have made any necessary initial payments. I understand that any misrepresentation on this application may be cause for termination of the rental agreement and/or non-acceptance of this application.

Applicant Name - Please Print \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Co-Applicant Name - Please Print \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

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**For Management Use Only**

Notes \_\_\_\_\_

\_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date \_\_\_\_\_

Management Signature \_\_\_\_\_