## RESIDENTIAL CREDIT APPLICATION C/O WALNUT HILLS/DELUXE PARK

30701 Drouillard Road Walbridge, OH 43465

Office: (419) 666-3993 | Fax: (419) 666-6661

<b>FOR OFFICE USE ONLY (DO NOT WRITE BELOW):</b>									
	Аррі	oved				Not A	pprov	ed	
Date:									
By:									
				~		_	-		

Payable to Walnut Hills/Deluxe Park Non-Refundable \$35.00 Application Fee (Individual) \$50.00 (Jointly)

THIS APPLICATION IS DESIGNED TO BE COMPLETED BY THE APPLICANT. YOU MAY APPLY FOR CREDIT

EITHER <i>INDIVIDUALLY</i> OR <i>JOI</i> ORDER TO PROCESS, IF APPLICATION OF THE PROCESS OF		PLICANT. <mark>ALL AREAS MUST BE F</mark>	ULLY COMPLETED IN
☐ <b>INDIVIDUAL</b> : If you are appl and not the income or assets of a		in your own name and are relying on y	your own income or assets
☐ <b>JOINT</b> : If this is an application	for joint credit with anot	ther person.	
EACH APPLICANT MUST PROV	TIDE A COPY OF THEIR		
Walnut Hills Lot #:			
Desired Date of Occupancy:			
Relationship to Applicant & C	Co-Applicant:		
APPLICANT'S PERSO	NAL INFORMA	<u>ATION</u>	
Applicant's Full Name:			
Date of Birth:		Social Security No.:	
Have you ever been convicted	d of a crime?	es $\square$ No **If yes, explain the n	
and when/where did the crim	e take place?		
	l of a crime? v		ature of the crime
OTHER RESIDENTS			
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
		_ Weight of Pet:	
RESIDENCE HISTORY	<u>Y</u>		
PRESENT ADDRESS:			
(City)		(State)	(Zip Code)
Present Telephone: ( )	- Leng	th of Time at Present Address: _	
<u>*</u> ' ' '			
Telephone: ()			
		Reason for Moving:	



## **RESIDENCE HISTORY (Continued)**

PREVIOUS ADDRESS:		
(City)	(State)	(Zip Code)
Present Telephone: ()Length of Amount of Rent \$		
EMPLOYMENT INFORMATION		
Employed by:Employer's Address:		
Position Held: Telephone: ()	(State)	(Zip Code)
CO-RESIDENT'S EMPLOYMENT INFOR	<u>kMATION</u>	
Employed by:Employer's Address:		
(City)	(State)	(Zip Code)
Position Held:	Supervisor:	
MISCELLANEOUS INFORMATION		
Household Income: \$Other Remarks:		
I/we certify that the above information is correct a representatives to make whatever inquiries it deems to background and/or credit reports or investigative person reports in connection with this request for approval to information is kept strictly confidential and not release EACH APPLICANT MUST PROVIDE A COPY OF THEIR DR Applicant's Signature:	necessary to secure personal, onal, consumer, criminal backgo be an authorized occupant. It does not be third parties except as required to third parties.	consumer, criminal round and/or credit Please note that all nired by law.
Print Name:		
Date:		
Co-Applicant's Signature:		
Print Name:		
Date:		