

RESIDENTIAL CREDIT APPLICATION C/O WALNUT HILLS/DELUXE PARK

30701 Drouillard Road
Walbridge, OH 43465

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

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|--|--------------------|
| FOR OFFICE USE ONLY (DO NOT WRITE BELOW): | |
| _____ Approved | _____ Not Approved |
| 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 *INDIVIDUALLY* OR *JOINTLY* WITH A CO-APPLICANT. **ALL AREAS MUST BE FULLY COMPLETED IN ORDER TO PROCESS, IF APPLICABLE**

INDIVIDUAL: If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person.

JOINT: If this is an application for joint credit with another person.

EACH APPLICANT MUST PROVIDE A COPY OF THEIR DRIVERS LICENSE AND PROOF OF INCOME PRIOR TO PROCESSING

Walnut Hills Lot #: _____ Deluxe Lot #: _____ Other: _____

Desired Date of Occupancy: _____

Relationship to Applicant & Co-Applicant: _____

APPLICANT'S PERSONAL INFORMATION

Applicant's Full Name: _____

Date of Birth: _____ Social Security No.: _____

Have you ever been convicted of a crime? Yes No ****If yes, explain the nature of the crime and when/where did the crime take place?** _____

CO-APPLICANT'S PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____ Social Security No.: _____

Have you ever been convicted of a crime? Yes No ****If yes, explain the nature of the crime and when/where did the crime take place?** _____

OTHER RESIDENTS

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Pets: Type: _____ Weight of Pet: _____

If Pets, the Pet Approval Application must also be completed

RESIDENCE HISTORY

PRESENT ADDRESS: _____

(City) _____ (State) _____ (Zip Code) _____

Present Telephone: (____) _____ - _____ Length of Time at Present Address: _____

Present Landlord or Mortgage Holder: _____

Telephone: (____) _____

Amount of Rent \$ _____ Reason for Moving: _____

RESIDENCE HISTORY (Continued)

PREVIOUS ADDRESS: _____

(City) (State) (Zip Code)

Present Telephone: (____)____-____ Length of Time at Previous Address: _____
Amount of Rent \$ _____

EMPLOYMENT INFORMATION

Employed by: _____ How Long? _____
Employer's Address: _____

(City) (State) (Zip Code)

Position Held: _____ Supervisor: _____
Telephone: (____)____-____

CO-RESIDENT'S EMPLOYMENT INFORMATION

Employed by: _____ How Long? _____
Employer's Address: _____

(City) (State) (Zip Code)

Position Held: _____ Supervisor: _____
Telephone: (____)____-____

MISCELLANEOUS INFORMATION

Household Income: \$ _____ Per: _____
Other Remarks: _____

I/we certify that the above information is correct and I/we authorize Walnut Hills/Deluxe and its representatives to make whatever inquiries it deems necessary to secure personal, consumer, criminal background and/or credit reports or investigative personal, consumer, criminal background and/or credit reports in connection with this request for approval to be an authorized occupant. Please note that all information is kept strictly confidential and not released to third parties except as required by law.

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Applicant's Signature: _____
Print Name: _____
Date: _____

Co-Applicant's Signature: _____
Print Name: _____
Date: _____