	FOR OFFICE USE ONLY (DO NOT WRITE BELOW):		
	ApprovedNot Approved		
	Date:		
GUEST REQUEST APPLICATION	By:		
C/O WALNUT HILLS/DELUXE PARK			
<b>30701 DROUILLARD RD.</b>	Payable to Walnut Hills/Deluxe Park		
WALBRIDGE, OH 43465	Non-Refundable		
Office: (419) 666-3993   Fax: (419) 666-6661	\$35.00 Application Fee (Individual)		
Office. (419) 000-3995   Fax. (419) 000-0001	\$50.00 (Jointly)		

EACH APPLICANT MUST PROVIDE A COPY OF THEIR DRIVERS LICENSE PRIOR TO PROCESSING ALL AREAS MUST BE FULLY COMPLETED IN ORDER TO PROCESS, IF APPLICABLE

I/we hereby request permission from Walnut Hills/Deluxe Mobile Home Park authorization to allow the following listed individuals to stay in my manufactured home for more than a 7 day period. I/we fully understand that if this Guest Request is approved, the listed individual(s) is/are guest(s) only. I/we fully understand that this is a temporary arrangement and at the end of my residency the guest(s) will vacate the manufactured home and premises. I/we also fully understand that the guest must follow all the rules and regulations of the Walnut Hills/Deluxe Mobile Home Park and that any violation by the guest will be attributed to me/us. In addition, I/we fully understand that any approval of this Guest Request may be revoked at any time and the approved Guest(s) may be asked to leave upon reasonable notice.

Tenant(s) Signature:	Lot #	: W.H. / Deluxe
Print Name:		Date:
Desired Date of Occupancy:	to	
Reason for Guest Request:		

## **1ST GUEST PERSONAL INFORMATION**

Full Name:			
Date of Birth:	Social Security No.:		
Have you ever been convicted of a crime? you and when/where did the crime take place?	No <b>**If yes, explain the nature of the crime</b>		

## 2<sup>ND</sup> GUEST PERSONAL INFORMATION

Full Name:				
Date of Birth: Have you ever been convicted of a crime? and when/where did the crime take place?		Social Security No.:		
		Yes No **If yes, explain the no	n the nature of the crime	
OTHER RESIDENTS				
Name:	Age:	Name:	Age:	
Name:	Age:	Name:     Name:	Age:	
Pets: Type: If Pets, the Pet Approval Applic				
<u>AUTOMOBILES</u> : <u>Year &amp; Make</u>		<u>Color</u> <u>L</u>	icense Plate #	

**OVER** 

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## **RESIDENCE HISTORY**

PRESENT ADDRES	SS:			
	(City)	Length of Time at Pre	(State) esent Address:	
Telephone: ()				
1 <sup>ST</sup> GUEST EMP	LOYMENT IN	FORMATION		
Position Held: Telephone: ()		Supervisor:		
2 <sup>ND</sup> GUEST EMP	LOYMENT IN	NFORMATION		
Position Held: Telephone: ()		Supervisor:	(State)	(Zip Code)
MISCELLANEO	US INFORMA	TION		
Household Income: Other Remarks:	\$		Per:	
representatives to mail background and/or cre- reports in connection information is kept str	ke whatever inqui edit reports or inve with a this reque fictly confidential a ST PROVIDE A COP	on is correct and I/we auth iries it deems necessary to s estigative personal, consume est for approval to be an au and not released to third part PY OF THEIR DRIVERS LICENS	secure person er, criminal ba thorized gues ies except as E PRIOR TO PI	al, consumer, criminal ckground and/or credit t. Please note that all required by law.
2 <sup>nd</sup> Guest Signature: Print Name:			Date:	

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