



# RUDGATE COMMUNITY RENTAL APPLICATION

SITE #: \_\_\_\_\_

SITE \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

COMMUNITY: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS OF SITE: \_\_\_\_\_

All Persons over 18 years old living in home MUST fill out separate applications. PLEASE check the most appropriate box that applies to you:

<input type="checkbox"/> Primary Applicant	<input type="checkbox"/> Significant Other	<input type="checkbox"/> Sibling	<input type="checkbox"/> Surety
<input type="checkbox"/> Spouse	<input type="checkbox"/> Relative	<input type="checkbox"/> Roommate	<input type="checkbox"/> Other

APPLICANT (Name which appears on Home Title)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER
APPLICANT'S <b>PRESENT</b> ADDRESS	CITY	STATE	ZIP
CELL PHONE NUMBER(S)	EMAIL ADDRESS(ES)		
LENGTH OF TIME AT PRESENT ADDRESS	MONTHLY PAYMENT	IS PRESENT HOUSING A RENTAL? IF YES, COMPLETE THE NEXT LINE YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME OF COMPLEX	MANAGER/OWNERS NAME	TELEPHONE NUMBER	
APPLICANT'S <b>PREVIOUS</b> ADDRESS	CITY	STATE	ZIP
LENGTH OF TIME AT PREVIOUS ADDRESS	MONTHLY PAYMENT	WAS PREVIOUS HOUSING A RENTAL? IF YES, COMPLETE THE NEXT LINE YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME OF COMPLEX	MANAGER/OWNERS NAME	TELEPHONE NUMBER	

**HAS THE APPLICANT, CO-APPLICANT OR ADDITIONAL OCCUPANTS OF THE HOME EVER BEEN CONVICTED OF A FELONY?**  
IF THE ANSWER IS YES, PLEASE EXPLAIN ON AN ADDITIONAL PIECE OF PAPER. YES  NO

APPLICANT'S EMPLOYER (letter of Employment and/or Pay Stub Required)	POSITION	LENGTH OF EMPLOYMENT
ADDRESS	CITY	STATE
TYPE OF BUSINESS	SUPERVISOR	INCOME BEFORE TAXES
		CHECK ONE <input type="checkbox"/> MONTHLY INCOME \$ <input type="checkbox"/> WEEKLY INCOME
PREVIOUS EMPLOYER	ADDRESS	LENGTH OF EMPLOYMENT
CHECKING ACCOUNT NUMBER	BANK	SAVINGS ACCOUNT NUMBER
		BANK

List below all borrowing experiences, credit cards, past and present, including balance and loan companies, banks, stores, medical bills, installment purchases, vehicle loans, and any obligations of alimony, child support, or separate maintenance payments. (Attach additional sheets if necessary.)

CREDITOR(S)	ADDRESS	PHONE	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENTS
				\$	\$

**OTHER INCOME:** You are not required to disclose income from alimony, child support or separate maintenance payments. However, if you are relying on income from any of these sources as a basis for payment of this obligation, please complete the following.

ADDITIONAL MONTHLY INCOME SOURCES

<p><b>LIST ADDITIONAL OCCUPANTS OF HOME BELOW:</b></p> <p>Full Name _____ Relationship _____ Birth Date (if under 18 years) _____</p> <p>Full Name _____ Relationship _____ Birth Date (if under 18 years) _____</p> <p>Full Name _____ Relationship _____ Birth Date (if under 18 years) _____</p> <p>Full Name _____ Relationship _____ Birth Date (if under 18 years) _____</p>	<p><b>IN CASE OF AN EMERGENCY</b> Name of closest relative (not living with you) _____ Address _____ Telephone _____</p> <p>Name a 2nd person _____ Address _____ Telephone _____</p> <p><b>PETS Maximum of TWO (2)</b> Type _____ Name _____ Neutered <input type="checkbox"/> Color _____ Breed _____ Declawed <input type="checkbox"/></p> <p>Type _____ Name _____ Neutered <input type="checkbox"/> Color _____ Breed _____ Declawed <input type="checkbox"/></p>
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**VEHICLES**

Make \_\_\_\_\_ Year \_\_\_\_\_ Style \_\_\_\_\_ Plate # \_\_\_\_\_ Color \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ Style \_\_\_\_\_ Plate # \_\_\_\_\_ Color \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ Style \_\_\_\_\_ Plate # \_\_\_\_\_ Color \_\_\_\_\_

NOTE: Motorcycle(s) must be licensed and included in above information.



# HOW DID YOU FIRST HEAR ABOUT RUDGATE COMMUNITIES

(Please check appropriate box)

## MEDIA

- Newspaper Advertising \_\_\_\_\_  
(Name of paper)
- Internet \_\_\_\_\_  
(Name of Website)
- Special Publications \_\_\_\_\_  
(Name)
- Radio Ad       Yellow Pages       Direct Mail
- Driving By       Billboard       Other

## REFERRING PARTY

- Current Resident  
Give Name & Address \_\_\_\_\_
- Company Referral \_\_\_\_\_
- Manufactured Home Retailer \_\_\_\_\_
- Friend/Business Associate \_\_\_\_\_

## INFORMATION NEEDED ABOUT YOUR HOME

Year \_\_\_\_\_ Make \_\_\_\_\_ Serial Number \_\_\_\_\_      Purchase Price \$ \_\_\_\_\_

Width \_\_\_\_\_ Length \_\_\_\_\_ Expando \_\_\_\_\_      Deposit \_\_\_\_\_  
(to hold home)

Retailer \_\_\_\_\_      Additional  
Salesperson \_\_\_\_\_      Down Payment \_\_\_\_\_

Retailer Phone \_\_\_\_\_      Total  
Down Payment \_\_\_\_\_

List All Names on title of home \_\_\_\_\_

Financing By: \_\_\_\_\_, % Rate \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_

I hereby warrant to the truth of this RENTAL APPLICATION in its entirety. Further, I recognize that any falsification on this application can be grounds to deny acceptance into the Community or reasonable grounds for eviction proceedings. I authorize the management to perform a credit investigation, criminal background check and to investigate my previous address(s) or Landlord(s) to verify the above reported information which pertains to my credit and financial responsibility. I further attest that I am 18 years of age or older.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## OFFICE INFORMATION ONLY

SECURITY DEPOSIT \$ \_\_\_\_\_      PRO-RATE \$ \_\_\_\_\_

MOVE-IN DATE: \_\_\_\_\_      FORMER OWNER \_\_\_\_\_

PROMOTION: \_\_\_\_\_

\_\_\_\_\_  
EFFECTIVE DATE: \_\_\_\_\_

## RENT STRUCTURE

BASE RENT	\$ _____
SITE UPGRADE (If applicable)	\$ _____
SITE TAX	\$ _____
PET FEE	\$ _____
REFUSE FEE	\$ _____
OTHER _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

Received \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) as an Application Fee - Receipt No. \_\_\_\_\_

Received \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) for Credit Check - Receipt No. \_\_\_\_\_

DATE \_\_\_\_\_ BY \_\_\_\_\_  
(Management)

## CREDIT VERIFICATION

INSTRUCTIONS: Please explain to applicant (s) that the RENTAL APPLICATION is to be completed by answering all the questions. Accept application dated and signed by all applicants, with appropriate funds. CREDIT VERIFICATION to be completed in full and signed by the Community's office personnel. NOTE: Require verification of employment and pay stub.

- CURRENT RESIDENCY STATUS \_\_\_\_\_
  - EMPLOYER (S) CONFIRMED/COMMENTS \_\_\_\_\_
  - INCOME (S) CONFIRMED \_\_\_\_\_
  - CREDIT CONFIRMED \_\_\_\_\_ RATING \_\_\_\_\_
  - CRIMINAL CHECK CONFIRMED \_\_\_\_\_
  - IS SURETY REQUIRED/IF SO, EXPLAIN \_\_\_\_\_
  - COMMENTS \_\_\_\_\_
  - PROOF OF HOME OWNERSHIP/TRANSFER CONFIRMED: YES \_\_\_\_\_ NO \_\_\_\_\_
  - EVALUATION AND RECOMMENDATION \_\_\_\_\_  APPROVED  NOT APPROVED
- INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_