

**Applewood Community-Park Approval Application**

**Applicant Information**

**Applicant (Buyer)**

**Resident (Seller)**

Name \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**REQUIRED DOCUMENTS CHECKLIST**

**DATE**

**SPECIFIC DOCUMENT**

\_\_\_\_\_

Proof of Income-2 Current Paystubs, W-2, or bank statements

\_\_\_\_\_

Signed Credit Application

\_\_\_\_\_

Photo Identification

\_\_\_\_\_

Signed Tenant Disclosure & Release

\_\_\_\_\_

Application Fee  
(\$265-Non-refundable)

\_\_\_\_\_

Copy of Purchase Agreement

\_\_\_\_\_

Blank Copy of Lease

\_\_\_\_\_

Personal Interview

\_\_\_\_\_

Approval Letter

\_\_\_\_\_

Proof of Homeowner's Insurance naming Applewood Community as additional insured

**Before closing, the buyer should:**

- Be sure there is no outstanding rental or late fee balance \_\_\_\_\_
- Be sure there is no outstanding water/sewer balance (MVWA) \_\_\_\_\_
- Be sure to review and sign the Applewood site inspection \_\_\_\_\_

Comments \_\_\_\_\_

*It is a Crime to Intentionally Falsify Information on this Application*

# MANUFACTURED HOME PARK APPLICATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	EMAIL ADDRESS			NO. OF DEP.	DATE OF BIRTH
PRESENT ADDRESS — NO. & STREET	CITY	STATE	ZIP CODE	YEARS	SOCIAL SECURITY NUMBER		
FORMER ADDRESS — NO. & STREET	CITY	STATE	ZIP CODE	YEARS	RESIDENCE / CELL PHONE NUMBER		
PRESENT EMPLOYER	POSITION			YEARS _____ MONTHS _____	GROSS WAGES		
EMPLOYER ADDRESS — NO. & STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER			
FORMER EMPLOYER (IF LESS THAN 3 YEARS)	POSITION			ADDRESS	NO. YEARS THERE		
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED							

OPTIONAL Allmony or child support or separate maintenance payments are optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit.  MONTHLY  SEMI-ANNUALLY  QUARTERLY  YEARLY SOURCE \_\_\_\_\_ \$ \_\_\_\_\_

CHECKING — BANK	BALANCE \$ _____	SAVINGS — BANK	BALANCE \$ _____
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DEBTS — LIST ALL DEBTS (USE EXTRA SHEET IF NECESSARY)		MONTHLY PAYMENT	PRESENT BALANCE	MONTHLY PAYMENT	PRESENT BALANCE
LANDLORD OR MORTGAGE HOLDER					
1. AUTO — LIEN HOLDER	YEAR / MAKE			4.	
2.				5.	
3.				6.	

AMOUNT OF CHILD SUPPORT PAID \$ _____ MONTHLY	NO. OF DEPENDENTS AND AGES	VALUE OF ASSETS, INVESTMENTS AND RETIREMENT ACCOUNTS
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ARE YOU A CO-MAKER, ENDORSER, OR GUARANTOR ON ANY LOAN OR CONTRACT?  YES  NO IF YES, FOR WHOM? \_\_\_\_\_ TO WHOM? \_\_\_\_\_

ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU?  YES  NO OMIT IF MORE THAN 7 YEARS \$ \_\_\_\_\_ IF YES, TO WHOM OWED? \_\_\_\_\_

WERE YOU EVER BANKRUPT?  YES  NO OMIT IF MORE THAN 10 YEARS IF YES, WHERE? \_\_\_\_\_ YEAR \_\_\_\_\_

NAME OF NEAREST RELATIVE OR FRIEND NOT LIVING WITH YOU	ADDRESS	PHONE
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**Co-Applicant Only:** IF CO-APPLICATION, PLEASE COMPLETE BELOW, IF YOU WISH US TO CONSIDER INFORMATION IN ADDITION TO THAT LISTED BELOW, ATTACH A SEPARATE SHEET OR COMPLETE A SEPARATE APPLICATION.

LAST NAME	FIRST NAME	MIDDLE INITIAL	NO. OF DEP.	DATE OF BIRTH	
PRESENT ADDRESS — NO. & STREET	CITY	STATE	ZIP CODE	YEARS	SOCIAL SECURITY NUMBER
FORMER ADDRESS — NO. & STREET	CITY	STATE	ZIP CODE	YEARS	RESIDENCE / CELL PHONE NUMBER
PRESENT EMPLOYER	POSITION			YEARS _____ MONTHS _____	GROSS WAGES
EMPLOYER ADDRESS — NO. & STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER	
FORMER EMPLOYER (IF LESS THAN 3 YEARS)	POSITION			ADDRESS	NO. YEARS THERE
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED					

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF CO-APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_