



Rental Application

EACH ADULT APPLYING FOR UNIT MUST COMPLETE A SEPARATE APPLICATION

Email application to parklandmc@gmail.com

Only complete applications will be processed. There is a \$20 processing fee, which will be applied to your first month's rent if the application is approved. Only responsible people who pay rent on time need apply.

How did you find out about us?

Craigslist Facebook Parkland website Newspaper Friend Other _____

Park you are applying for: _____ Space/Lot # _____ Date of desired occupancy _____

YOUR PERSONAL INFORMATION

Full Name _____ Phone (____) _____ Work Phone (____) _____

Email: _____ Social Security Number ____-____-____

Current Driver's License # _____ State _____ Date of Birth _____

Present Address _____ City _____ State _____ Zip _____

How Long? _____ If renting, Apartment name/location _____ Phone (____) _____

Landlord/Manager Name _____ Email _____

Why are you leaving? _____

Current Rent \$ _____

Previous Address _____ City _____ State _____ Zip _____

How long? _____ If rented, Apt. name/location _____ Phone (____) _____

Landlord/Manager Name _____ Email _____

Why did you leave? _____

Rent Payment \$ _____

Present employer _____ Position _____ How long? _____

Address _____ Phone (____) _____

Gross Monthly Income before deductions \$ _____ Other Income \$ _____ Source _____

Former Employer _____ Position _____ How long? _____

Address _____ Phone (____) _____

Why did you leave? _____

PERSONAL HISTORY

Have you ever been evicted? Yes No

If yes, explain _____

Have you ever had a foreclosure / repossession? Yes No

If yes, explain _____

Have you ever filled for bankruptcy? Yes No Chapter 7 Chapter 13

If yes, explain _____

Have you ever been convicted of a crime, other than a traffic violation? Yes No

If yes, explain _____

PERSONAL REFERENCES

(List 3 people, OTHER THAN YOUR RELATIVES, whom we may contact to verify your character.)

1. Name _____ Relationship _____ Phone (____) _____
email: _____ Address _____ City _____ State _____ Zip _____
2. Name _____ Relationship _____ Phone (____) _____
email: _____ Address _____ City _____ State _____ Zip _____
3. Name _____ Relationship _____ Phone (____) _____
email: _____ Address _____ City _____ State _____ Zip _____

EMERGENCY

In case of an emergency, please list 2 people we may contact.

1. Name _____ Relationship _____ Phone (____) _____
email: _____ Address _____ City _____ State _____ Zip _____
2. Name _____ Relationship _____ Phone (____) _____
email: _____ Address _____ City _____ State _____ Zip _____

OTHER INFORMATION

(Other persons, who will live in the dwelling unit, include children)

Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

***PETS**

Name _____ Type _____ Breed (if dog) _____ Weight _____ lbs
Name _____ Type _____ Breed (if dog) _____ Weight _____ lbs

***NOTE: No pets are allowed at any time on the premises without prior Management consent, and PETS OVER 15 POUNDS ARE NOT ALLOWED.**

LIST ALL MOTOR VEHICLES, INCLUDING RECREATIONAL TO BE KEPT AT THE PROPERTY

MAKE	COLOR	MODEL	YEAR	LICENSE PLATE #	STATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I declare that this application is complete, true and correct, and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their Authorized Agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute ground for rejection of the application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.

Applicant's Authorization _____ Date _____
Co-Applicant's Authorization _____ Date _____

► If unable to add your written signature(s) to this document, you may type your name instead, which will be considered your legal signature(s) confirming your agreement and consent to the above statement.

Do not write below this line - This section to be completed by interviewer

Credit Report: (Favorable/Unfavorable) _____
Other Comments: _____
Deposit: \$ _____ Monthly rent \$ _____ Term of Lease: _____ month
Move in date: _____ Lease Expires: _____ Number of keys _____
Total number of Occupants _____ Separate Pet Deposit (if any) _____
Utilities to be paid by Tenants: GAS ELECTRIC WATER TRASH