

Application for Admittance to MHC: _____

**For Community Manager Use Only
ALL INFORMATION REQUIRED**

Number of adults: _____ Total Application Fee: _____ Paid with: Check MO Certified Check

Applying to: POH Purchase POH Rental PMI/Lot Change-of-Ownership RV Guarantor Sublet Roommate

Lot Number: _____ **Date of Desired Occupancy** _____

Proposed Rental Amount: \$ _____ **Security Deposit:** \$ _____

How did you find out about us? Newspaper _____ Friend _____ Other _____

For CM Use Only
EACH ADULT (18 years and older) APPLYING FOR UNIT MUST COMPLETE APPLICATION. THERE IS A \$25 TOTAL APPLICATION FEE FOR EACH ADULT OCCUPYING THE UNIT. PLEASE ALLOW 24-48 HOURS FOR APPROVAL.
 PLEASE PRINT- All information must be completed. All blanks must be filled in. The decision to rent to you will depend greatly on your references.

YOUR PERSONAL INFORMATION

First Name _____ Middle Name _____ Last Name _____

Date of Birth ____/____/____ SSN _____ Phone (____) _____

Present Address _____ City _____ State _____ Zip _____

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

Landlord/Manager name _____ Current **Rent \$** _____

Why are you leaving? _____

PM
INITIAL

Community Manager has confirmed name & birthdate match ID. COPY OF ID ATTACHED

SPOUSE/ROOMMATE PERSONAL INFORMATION
 (All Individuals Over the Age of 18 Must Complete Application)

First Name _____ Middle Name _____ Last Name _____

Date of Birth ____/____/____ SSN _____ Phone (____) _____

Present Address _____ City _____ State _____ Zip _____

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

Landlord/Manager name _____ Current **Rent \$** _____

Why are you leaving? _____

PM
INITIAL

Community Manager has confirmed name & birthdate match ID. COPY OF ID ATTACHED

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EMPLOYMENT

Present employer _____ Position _____ How long? _____

Address _____ Phone (_____) _____

Gross Monthly Income before deductions \$ _____

Present employer _____ Position _____ How long? _____

Address _____ Phone (_____) _____

Gross Monthly Income before deductions \$ _____

Other Income \$ _____ Source _____

Total Gross Monthly Income: \$ _____

PM
INITIAL

Income is a minimum of 3 times the amount of the monthly rent.

PM
INITIAL

Community Manager has contacted employer(s).

Company: _____ Date called: _____

Spoke with: _____ Confirmed employed Income matches application

Comments: _____

Company: _____ Date called: _____

Spoke with: _____ Confirmed employed Income matches application

Comments: _____

OTHER OCCUPANTS

You must list all other persons who will live in the dwelling unit, include children. **Any persons 18 and over must complete personal information portion on page 1.**

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

PM
INITIAL

Community Manager has reviewed the other occupants section. All occupants 18 years and older have completed the application.

PETS

NOTE: No pets are allowed at any time on the premises without prior Management consent, and no pets on the banned breed list, NO EXCEPTIONS. If pets are found on the premises without approval, they will be required to leave. MAXIMUM 2 PETS PER HOME.

Type _____ Type _____

PM
INITIAL

Community Manager has reviewed the pets that are listed meet the Community criteria (no more than 2, not on banned breed list). Any pets that do not meet the criteria will not be allowed to move in. No exceptions other than Assistance Animals.

PREVIOUS ADDRESSES

Previous Address _____ City _____ State _____ Zip _____

Dates _____ Landlord/Manager name _____ Phone (____) _____

Previous Address _____ City _____ State _____ Zip _____

Dates _____ Landlord/Manager name _____ Phone (____) _____

PM
INITIAL

Contact their current landlord. Ask if they have a good pay history, if they've been good residents, and if the landlord would be willing to rent to them again.

Date called: _____ Spoke with: _____

Comments: _____

PM
INITIAL

Contact their previous landlord. Ask if they had a good pay history, if they were good residents, and if the landlord would be willing to rent to them again.

Date called: _____ Spoke with: _____

Comments: _____

Reasonable Accommodations: If a resident, prospective resident or someone associated with a resident has a disability, he/she may make a written request for a reasonable accommodation at any time during the tenancy. Accommodations in rules, policies, practices, or services may be made when such accommodations may be necessary to afford such person equal opportunity to use and enjoy a dwelling. Respondents acknowledge a housing provider can deny a request for a reasonable accommodation if it would impose an "undue financial and administrative burden" or it would "fundamentally alter the nature of the provider's operations." Please contact the Property Manager to get a copy of the reasonable accommodation policy and the necessary forms for you to complete and return. The Property Manager will provide a timely written response to your request for a reasonable accommodation.

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.

Criminal history which indicates that an applicant's tenancy would constitute a direct threat to the health or safety of other individuals or whose tenancy would result in substantial physical damage to the property of owner or others will result in rejection of the application. Such criminal history may include, but is not limited to, sexual assault or other sex related crimes, the sale or manufacture of illegal drugs, crimes against persons, burglary or theft. A complete list is available upon request.

Applicant's Authorization Date _____

Co-Applicant's Authorization Date _____



Management will grant equal opportunity to all persons regardless of race, color, creed, age, religion, gender, sexual orientation, national origin, familial status, marital status, and/or disability.

Screening resident applicants is a very important part of your job duties as Community manager.

Please email all applications directly to your District Support Specialist. Please send only one email per unit .

By signing below, I have verified the information on the application.

Community Manager Signature: _____ Date Sent: _____

Please allow at least 1 day and sometimes 3 days for a response. If you don't have an answer on the third day, please confirm with your DSS that the application was received.