

COUNTRYSIDE PARKS-RIVERSIDE ESTATES-DECADE ACRES-EAGLES NEST
APPLICATION / REGISTRATION FORM
~ ROOM-MATE ~

Please PRINT CLEARLY and complete a separate application for each adult person not related by blood or marriage. Screening Fee must accompany the application or it will not be processed. If a line is not filled in, we may not be able to accept the application. You will be required to present 2 pieces of identification for verification purposes. Unfilled or unscreened applications are not kept for more than 30 days.

NOTE: If you have been approved but do not move in with-in 30 days of the date on this application, you must re-apply and pay another screening fee.

DATE OF APPLICATION ____/____/____ SCREENING FEE (\$35 per adult) PAID \$ _____ CASH / MO / CHECK# _____

ADDRESS OF HOME OR LOT# _____

(Applicant/Roommate) _____ SS# _____ DOB _____
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

Personal Phone No. (____)-____-____ Work Phone No. (____)-____-____ Alternate Contact Phone No. (____)-____-____

Current Address _____ City _____ State _____ ZipCode _____

Year/Month At This Address _____ Reason For Moving _____ Have you ever been evicted as a tenant? ____ Yes ____ No

Landlords Name _____ Phone: (____)-____-____ May we Contact this Landlord for a Reference? ____ Yes ____ No

Current Employer _____ Occupation _____ How Long _____ Yearly Income _____

Driver's License # _____ State _____ (Valid) ____ Yes ____ No Issued On ____/____/____ Expires on ____/____/____

Vehicle (Year/Make/Model/Color) ____/____/____/____ Vehicle License Plate # _____

Have you ever been convicted of a criminal offense? ____ Yes ____ No (If Yes, what and when?
_____)

Are you currently serving in the Military? ____ Yes ____ No Are you a Student? ____ Yes ____ No Are you Handicapped? ____ Yes ____ No

Personal References (List 2 personal references NOT related to you.):

1. _____ Phone No. (____)-____-____

Address _____ City _____ State _____ ZipCode _____

2. _____ Phone No. (____)-____-____

Address _____ City _____ State _____ ZipCode _____

EMERGENCY CONTACT _____ Relationship _____ Phone: (____)-____-____

The statements on this application are true and correct to the best of my knowledge. Authorization is hereby given to check my credit record, to verify my credit, employment and references, and to obtain other such information deemed necessary as a prerequisite for residency. Information may be given to credit reporting agencies and others regarding your credit experience with me. TENANCY WILL BE DENIED if any information is misrepresented on this application. If misrepresentations are found after the rental agreement/lease has been signed, it will be terminated. If application is not accepted, I agree that no reasons will be given. Countryside Parks, Riverside Estates, Decade Acres or Eagles Nest reserves the right to obtain any information in an attempt to collect debt in the future.

This is to advise that the undersigned hereby authorize Countryside Parks, Riverside Estates, Decade Acres or Eagles Nest and their representative, agent or management, to obtain a consumer credit report, to conduct a criminal background search, an eviction search and to make any other inquiries as deemed necessary in determining eligibility for tenancy and accessing credit worthiness. I also understand that the information set out in the rental application form may be used for purposes of responding to emergencies, ensuring the orderly management of the tenancy, complying with the legal requirements and for collection purposes should rent be left owing or rental property damaged at termination of lease or end of tenancy.

APPLICANT SIGNATURE _____ DATE _____