

PLEASE FILL IN THE FOLLOWING INFORMATION

SELLERS NAME _____

SELLERS ADDRESS _____

BUYERS NAME _____

REALTORS NAME _____

SETTLEMENT DATE _____

\$50.00 per Application Fee Person. Must send with Application

WE NEED THIS INFORMATION SO THAT WE CAN CONTACT THE RIGHT PEOPLE HANDLING THIS.

WITH SO MANY DIFFERENT REALTORS IN OUR PARKS IT IS HARD TO REMEMBER WHO IS DOING WHAT OR IF THE OWNERS ARE SELLING THEMSELVES.

PLEASE REMEMBER THAT IT TAKES A WEEK TO 10 WORKING DAYS FOR AN APPLICATION TO GET APPROVED.

IT IS VERY IMPORTANT THAT YOU SUBMIT WITH YOUR APPLICATION PROOF OF INCOME (LAST YEARS W2'S OR YOUR LAST COUPLE OF PAY STUBS). ALSO NEED A COPY OF YOUR DRIVER'S LICENSE. PLEASE MAKE SURE THAT EVERYTHING IS FILLED OUT ON THE APPLICATION BECAUSE THIS MAKES PROCESS SMOOTHER AND WE ARE NOT TRYING TO GET AHOLD OF YOU FOR INFORMATION.

WHERE YOU ENTER YOUR ADDRESS PLEASE ALSO PUT HOW LONG YOU HAVE LIVED AT THIS ADDRESS. ALSO PLEASE LIST THE MORTGAGE COMPANY. IF MORTGAGE IS PAID OFF LIST WHO HELD IT, WITH OUT THIS INFORMATION IT DELAYS THE PROCESS.

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT US AT 302-227-4266.



RESIDENT HISTORY: First Advantage SafeRent must be able to verify the most recent year of rental history.

The following will create a denial:

- Landlord refuses to provide verification
- Applicant was evicted or served for non-payment of rent in the past 5 years
- Applicant was evicted or served for lease violations in the past 5 years
- Applicant is currently in default under a lease
- Applicant served notice for neighbor complaints in the past 2 years
- Apartment damage reported in the past 5 years
- Any unpaid balance owed to a rental community/landlord for any reason in the past 7 years OR any delinquent mortgage account
- Falsified landlord verification - Applicant not on lease

EMPLOYMENT: Scheduled rent cannot exceed 36% of verifiable gross monthly income.
** Senior Communities = 45%
Employment history and acceptable proof of income must be provided.

Acceptable as Proof of Income:

- Recent pay stubs (within past month)
- Income Tax Returns (for Self Employment)
- Form W-2

The following will create a denial:

- Employer refuses to provide verification
- Falsified employment verification
- Applicant does not work at stated company

CREDIT: Credit status will be checked through the appropriate Credit Bureau.

The following found in a credit report will create a denial:

- 9 or more 90 day (presently) delinquent accounts
- 4 or more 120 day (presently) delinquent accounts
- Cumulative unpaid bad debt accounts total over \$5000.00
- Cumulative unpaid medical debt totals over \$5000.00
- Any open bankruptcy
- Unsatisfied judgment(s) total more than \$5000.00
- Any open/unsatisfied tax lien(s)

CRIMINAL HISTORY: First Advantage SafeRent will run a Criminal Background on every applicant.

The following will create a denial:

- Any felony conviction
- Any Registered Sex Offender
- Any arrest for drug and/or paraphernalia use, possession or distribution (where permitted by law)
- Applicant falsified application by stating no arrest record exists

ADDITIONAL OCCUPANTS:

Each additional occupant must have a separate application processed.
Scheduled rent cannot exceed 36% of verifiable gross monthly income for each roommate.

**Senior Communities = 45%

If there are 3 or more occupants, rent cannot exceed 20% of verifiable gross monthly income for each occupant.

Applicant Signature

Management Representative Signature

Date: _____

062005



FIRST Advantage
SafeRent

Call out 1st four lines only

Tel: 800-877-1223 / 407-331-4150
Fax: 800-788-0457 / 407-831-0457

VERIFICATION REQUEST

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize all third parties indicated on my application to furnish the information requested below to First Advantage SafeRent. I release all third parties, their officers, agents and employees from any and all liability associated with the disclosure of the requested information.

Applicant Name: _____ Social Security Number: _____

Applicant Signature: _____ Date: _____

EMPLOYER (COMPANY) _____
 Attention: _____ Date: _____ Phone #: _____ Fax #: _____
 The applicant identified above has applied with our client: _____ The applicant listed you as a reference. Please fill in the "Third Party" information requested below that applies to you and return to the attention of _____ via fax at (800) 788-0457. If you have any questions, please call us at (800) 877-1223 or (407) 331-4150, Ext. _____

EMPLOYMENT CURRENT PREVIOUS *(COMPLETED BY THIRD PARTY EMPLOYER ONLY)*
 Does SSN match? _____ Applicant's Position: _____ Full Time: _____ Part Time: _____
 Permanent: _____ Temporary: _____ Hourly Rate: \$ _____ Hours Worked Per Week: _____ Annual Salary: \$ _____
 Overtime: _____ Amount: _____ Commission: _____ Amount: \$ _____ Start Date: _____ End Date: _____
 Verified by: _____ Title: _____ Date: _____
 (Please print)

RESIDENCY CURRENT PREVIOUS *(COMPLETED BY THIRD PARTY LANDLORD ONLY)*
 Does SSN match? _____ Applicant's Address: _____
 Leaseholder Name(s): _____ Move-in Date: _____ Expiration Date: _____
 Move-out Date: _____ Rent Amount: \$ _____ Is Current Mo. Rent Paid: _____ Is Rent Paid W/in 5 Days of Due Date: _____
 Total # Late Payments: _____ Dates: _____ # Bad Checks Last 12 Mo. _____ Skipped: _____
 Eviction filed: _____ Reason: _____ Evicted: _____ Reason: _____
 Outstanding Balance Owed: _____ Amount & Reason Why: _____
 Notice Given: _____ Length Required: _____ Security Deposit: \$ _____ Refunded: _____ If Not, Why: _____
 # Occupants: _____ Pets: _____ Additional Info: _____
 Verified by: _____ Title: _____ Date: _____
 (Please print)

MORTGAGE VERIFICATION *(COMPLETED BY THIRD PARTY MORTGAGE LENDER ONLY)*
 Mortgage Address: _____
 Date Opened: _____ Monthly Payment: \$ _____ Remaining Balance: \$ _____
 Is Account in Good Standing: _____ # of Late Payments: _____ Dates: _____
 Verified by: _____ Title: _____ Date: _____
 (Please print)

Community _____

Date of Application _____

PLEASE PRINT AND ANSWER ALL QUESTIONS 1. APPLICANT

Print Name:		Home Phone:	
Social Security #:		Date of Birth:	E-Mail Address:
Current Address:	City:	State:	Zip:
Previous Address:	City:	State:	Zip:

OTHER OCCUPANTS - LIST BELOW THE NAMES OF ALL OTHER PERSONS (IN ADDITION TO APPLICANT LISTED ABOVE) TO OCCUPY PREMISES REGULARLY. OCCUPANCY IS RESTRICTED TO INDIVIDUALS LISTED. USE A SEPARATE APPLICATION FOR EACH APPLICANT/OCCUPANT.

FULL NAME	RELATIONSHIP	AGE	DATE OF BIRTH	REMARKS

CURRENT LANDLORD/MORTGAGEE INFORMATION Own Rent Condo Apt Residential Home Manufactured Home

PRINT NAME:	PHONE #:
ADDRESS:	FAX #:
RENTAL DATES: FROM: TO:	MONTHLY RENT AMOUNT:

PREVIOUS LANDLORD/MORTGAGEE INFORMATION

PRINT NAME:	PHONE #:
ADDRESS:	FAX #:
DATES: FROM: TO:	MONTHLY AMOUNT:

OCCUPATION OF APPLICANT

NAME & ADDRESS OF FIRM	SUPERVISOR:	BUSINESS/EMPLOYER PH. #:
	POSITION:	BUSINESS/EMPLOYER FAX #:
	ANNUAL INCOME:	EMPLOYMENT DATES:

PREVIOUS EMPLOYMENT IF LESS THAN 4 YEARS ON PRESENT JOB

NAME & ADDRESS OF FIRM	SUPERVISOR	BUSINESS/EMPLOYER PH.#:
	POSITION	BUSINESS/EMPLOYER FAX#:
	ANNUAL INCOME	EMPLOYMENT DATES:

VEHICLES

HOW MANY AUTOS?		DRIVER'S LIC. # APPLICANT # 1		VERIFIED
		DRIVER'S LIC. # APPLICANT # 2		VERIFIED
MAKE	MODEL YEAR	COLOR	LIC. PLATE #	STATE

OTHER INCOME

SOURCE	AMOUNT	PHONE #	REFERENCE	VERIFIED

REFERENCES (FINANCIAL REFERENCES)

NAME	ADDRESS	ACCOUNT NUMBER
ANK:		
ANK:		
CHARGE ACCOUNT:		
CHARGE ACCOUNT:		

PETS

Do you have any pets that will be living with you? (if permitted) Yes No If yes, how many?

TYPE	BREED	WEIGHT	HEIGHT	AGE

3. Manufactured Home Information

At what address in this community do you intend to live? _____

Will your home be new or pre-owned? _____ Who is the seller _____

Will your home purchase be financed? _____ If yes, what is the amount? _____

Name(s) of lenders _____

Is the seller carrying any additional financing? _____ If yes, what is the amount? _____

Home manufacturer _____ Model _____ Year _____ Size _____

Title holder _____ Serial number _____ Tag number _____

Total monthly mortgage payment _____ Home value _____ Amount of mortgage _____

Lienholder _____ Address of Lienholder _____

Proof of purchase must be provided to management by means of titles or tags and notarized bill of sale.

Emergency Information

Number of your immediate family _____ Relationship _____

Street Address _____ City & State or Province _____ Zip Code _____ Telephone Number _____

Other emergency contact _____ Relationship _____

Street Address _____ City & State or Province _____ Zip Code _____ Telephone Number _____

General Information

Have you ever lived in a manufactured housing community before? _____ Do you now? _____

If so, what community? _____

How did you learn of this community? Newspaper _____ Name of publication _____

Magazine _____ Name of publication _____ Issue _____

Our signs? _____ Driving by? _____ Referral? _____ If so, by whom? _____

Other, please specify _____

If this will be a second home or a partial residence, what is the address of your primary residence?

Street Address _____ City & State or Province _____ Zip Code _____ Telephone Number _____

How many months each year do you plan to live at this address within the community? _____

Have you ever been arrested? YES NO (circle one)

Personal references - Please provide the names of two individuals not related to applicant.

PERSONAL REFERENCES

Last Name, First Name Telephone Number

Last Name, First Name Telephone Number

Please provide any other information that will help us evaluate your application.

I hereby authorize Equity Lifestyle Properties, Inc, Inc., its affiliates and subsidiaries, to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Equity Lifestyle Properties, Inc, Inc., its affiliates and subsidiaries, and any procurer or furnisher of such information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including, without limitation, various law enforcement agencies.

As an applicant, I represent that the above statements are correct and complete and that I intend that Equity Lifestyle Properties, Inc, Inc. its affiliates and subsidiaries rely on these representations in determining whether to lease to me a home and/or homesite in the community. I agree that I have no right to occupy a home or homesite in the community until and unless this application is approved, a lease is signed and I have made any necessary initial payments. I understand that any misrepresentation on this application may be cause for lease termination and/or non-acceptance of this application.

Applicant # 1 Print Name

Signature

Date