



(772) 589-3481

COMMUNITY OFFICE USE ONLY

Homesite #:	Estimated Move-In Cost:	CORPORATE OFFICE ONLY:
Type of Homesite:	<input type="checkbox"/> Required Security Deposit \$ _____	<input type="checkbox"/> 1st Applicant Score _____
<input type="checkbox"/> Private Re-Sale	<input type="checkbox"/> Homesite Rent \$ _____	<input type="checkbox"/> 2nd Applicant Score _____
<input type="checkbox"/> Community Owned Purchase	<input type="checkbox"/> MH Rental Unit \$ _____	<input type="checkbox"/> Co-Signer Score: _____
Cash Sale \$ _____	<input type="checkbox"/> COS Downpayment \$ _____	
Contract of Sale \$ _____	<input type="checkbox"/> Other Fees \$ _____	
<input type="checkbox"/> Community Owned Rental		DECISION:
<input type="checkbox"/> Vacant Lot Bringing Home In	Total Due \$ _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> CONDITIONAL
Non-Refundable Application Fee:		
<input checked="" type="checkbox"/> \$50.00 Per Applicant		

Email: \_\_\_\_\_

APPLICANT INFORMATION

TODAY'S DATE	PLEASE PRINT CLEARLY TO AVOID DELAYS IN PROCESSING		
FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH
			MONTH DAY YEAR
IF YOU HAVE USED OTHER NAMES IN THE PAST PLEASE INDICATE:			CONTACT NUMBERS:
FIRST NAME	LAST NAME	DRIVER'S LICENSE # AND STATE	HOME:
			CELL:

APPLICANT RESIDENCE HISTORY

(ALL APPLICANTS MUST PROVIDE AT LEAST 7 YEARS OF HISTORY)

A: CURRENT ADDRESS: (DO NOT USE P.O. BOXES)					
STREET #:	STREET NAME:	UNIT#:	CITY:	STATE:	ZIP CODE:
LENGTH OF TIME AT THIS ADDRESS:	YRS: MOS:	MONTHLY MORTGAGE AMOUNT: \$	MONTHLY RENT AMOUNT: \$		
NAME OF LANDLORD OR MORTGAGE HOLDER:				PHONE NUMBER:	
REASON FOR LEAVING:					
B: PREVIOUS ADDRESS: (DO NOT USE P.O. BOXES)					
STREET #:	STREET NAME:	UNIT#:	CITY:	STATE:	ZIP CODE:
LENGTH OF TIME AT THIS ADDRESS:	YRS: MOS:	MONTHLY MORTGAGE AMOUNT: \$	MONTHLY RENT AMOUNT: \$		
NAME OF LANDLORD OR MORTGAGE HOLDER:				PHONE NUMBER:	
REASON FOR LEAVING:					
C: PREVIOUS ADDRESS: (DO NOT USE P.O. BOXES)					
STREET #:	STREET NAME:	UNIT#:	CITY:	STATE:	ZIP CODE:
LENGTH OF TIME AT THIS ADDRESS:	YRS: MOS:	MONTHLY MORTGAGE AMOUNT: \$	MONTHLY RENT AMOUNT: \$		
NAME OF LANDLORD OR MORTGAGE HOLDER:				PHONE NUMBER:	
REASON FOR LEAVING:					



### APPLICANT EMPLOYMENT INFORMATION

PRESENT STATUS:  Full-Time  Part-Time  Retired  Student  Unemployed  Other Explain:

EMPLOYED BY:	EMPLOYER'S ADDRESS:	POSITION:	HOW LONG:
SUPERVISOR'S NAME:	PHONE NUMBER:	PRESENT INCOME:	OTHER INCOME:
		MONTHLY: \$	MONTHLY: \$
		IF RETIRED OR DISABLED, INCOME:	MONTHLY: \$

### APPLICANT BACKGROUND INFORMATION

IF YOU ANSWER YES TO ANY QUESTIONS BELOW PLEASE EXPLAIN USING BACK SIDE OF APPLICATION IF NECESSARY

HAVE YOU EVER BEEN CONVICTED OF A FELONY?	<input type="radio"/> NO	<input type="radio"/> YES	
ARE YOU REQUIRED TO REGISTER UNDER THE SEX OFFENDER REGISTRATION ACT OF ANY STATE?	<input type="radio"/> NO	<input type="radio"/> YES	IF YES, WHAT STATE?
HAVE YOU EVER HAD A COLLECTION FILED AGAINST YOU?	<input type="radio"/> NO	<input type="radio"/> YES	
HAVE YOU EVER HAD A LEGAL JUDGMENT FILED AGAINST YOU?	<input type="radio"/> NO	<input type="radio"/> YES	
HAVE YOU EVER HAD A BANKRUPTCY?	<input type="radio"/> NO	<input type="radio"/> YES	
HAVE YOU EVER BEEN EVICTED?	<input type="radio"/> NO	<input type="radio"/> YES	

### CO-APPLICANT OR CO-SIGNER INFORMATION

(PLEASE PRINT CLEARLY - TO AVOID DELAYS IN PROCESSING)

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH
			MONTH      DAY      YEAR
IF YOU HAVE USED OTHER NAMES IN THE PAST PLEASE INDICATE:			CONTACT NUMBERS:
FIRST NAME	LAST NAME	DRIVER'S LICENSE # AND STATE	HOME:
			CELL:

### CO-APPLICANT OR CO-SIGNER RESIDENCE HISTORY

(ALL APPLICANTS MUST PROVIDE AT LEAST 7 YEARS OF HISTORY)

A: CURRENT ADDRESS: (DO NOT USE P.O. BOXES)

STREET #:	STREET NAME:	UNIT#:	CITY:	STATE:	ZIP CODE:
LENGTH OF TIME AT THIS ADDRESS:	YRS:      MOS:	MONTHLY MORTGAGE AMOUNT: \$	MONTHLY RENT AMOUNT: \$	PHONE NUMBER:	
NAME OF LANDLORD OR MORTGAGE HOLDER:					
REASON FOR LEAVING:					

B: PREVIOUS ADDRESS: (DO NOT USE P.O. BOXES)

STREET #:	STREET NAME:	UNIT#:	CITY:	STATE:	ZIP CODE:
LENGTH OF TIME AT THIS ADDRESS:	YRS:      MOS:	MONTHLY MORTGAGE AMOUNT: \$	MONTHLY RENT AMOUNT: \$	PHONE NUMBER:	
NAME OF LANDLORD OR MORTGAGE HOLDER:					
REASON FOR LEAVING:					

C: PREVIOUS ADDRESS: (DO NOT USE P.O. BOXES)

STREET #:	STREET NAME:	UNIT#:	CITY:	STATE:	ZIP CODE:
LENGTH OF TIME AT THIS ADDRESS:	YRS:      MOS:	MONTHLY MORTGAGE AMOUNT: \$	MONTHLY RENT AMOUNT: \$	PHONE NUMBER:	
NAME OF LANDLORD OR MORTGAGE HOLDER:					
REASON FOR LEAVING:					



CO-APPLICANT OR  CO-SIGNER EMPLOYMENT INFORMATION

PRESENT STATUS:  Full-Time  Part-Time  Retired  Student  Unemployed  Other Explain:

EMPLOYED BY:	EMPLOYER'S ADDRESS:	POSITION:	HOW LONG:
SUPERVISOR'S NAME:	PHONE NUMBER:	PRESENT INCOME:	OTHER INCOME:
		MONTHLY: \$	MONTHLY: \$
			IF RETIRED OR DISABLED, INCOME: MONTHLY: \$

CO-APPLICANT OR  CO-SIGNER BACKGROUND INFORMATION

IF YOU ANSWER YES TO ANY QUESTIONS BELOW PLEASE EXPLAIN USING BACK SIDE OF APPLICATION IF NECESSARY

HAVE YOU EVER BEEN CONVICTED OF A FELONY?	<input type="radio"/> NO	<input type="radio"/> YES	
ARE YOU REQUIRED TO REGISTER UNDER THE SEX OFFENDER REGISTRATION ACT OF ANY STATE?	<input type="radio"/> NO	<input type="radio"/> YES	IF YES, WHAT STATE?
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HAVE YOU EVER HAD A LEGAL JUDGMENT FILED AGAINST YOU?	<input type="radio"/> NO	<input type="radio"/> YES	
HAVE YOU EVER HAD A BANKRUPTCY?	<input type="radio"/> NO	<input type="radio"/> YES	
HAVE YOU EVER BEEN EVICTED?	<input type="radio"/> NO	<input type="radio"/> YES	

OCCUPANCY INFORMATION

NUMBER OF PEOPLE WHO WILL OCCUPY HOME: \_\_\_\_\_ ADULTS (OVER 18): \_\_\_\_\_ CHILDREN (0 THRU 18): \_\_\_\_\_  
 NAME(S) OF CHILDREN RESIDING IN HOME: \_\_\_\_\_

FULL NAME: _____	DATE OF BIRTH: _____
FULL NAME: _____	DATE OF BIRTH: _____
FULL NAME: _____	DATE OF BIRTH: _____
FULL NAME: _____	DATE OF BIRTH: _____
FULL NAME: _____	DATE OF BIRTH: _____

EMERGENCY CONTACT INFORMATION

PERSON TO CONTACT IN CASE OF EMERGENCY (AN INDIVIDUAL WHO WILL NOT BE RESIDING IN HOME):  
 NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_

VEHICLE INFORMATION

MAKE / MODEL: _____	YEAR: _____	COLOR: _____	TAG NO: _____
MAKE / MODEL: _____	YEAR: _____	COLOR: _____	TAG NO: _____
MAKE / MODEL: _____	YEAR: _____	COLOR: _____	TAG NO: _____

MANUFACTURED HOME INFORMATION

MANUFACTURER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ VIN: \_\_\_\_\_  
 LENDING INSTITUTION: \_\_\_\_\_ AMOUNT OF MONTHLY MORTGAGE PAYMENT: \_\_\_\_\_  
 INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_  
 ARE YOU THE REGISTERED OWNER OF THIS HOME?  YES /  NO IF NO, NAME OF REGISTERED OWNER OF HOME: \_\_\_\_\_

## DOMESTICATED PETS

All pets must be approved by management prior to moving into Whispering Palms MHC, LLC. Farm and animals not allowed. Any misrepresentation on this form is cause for eviction from Whispering Palms MHC, LLC. Any of the following will also be most exotic cause for disposal of pet(s) or eviction from the community:

1. Distribution of litters within the park without prior approval from management.
2. Failure to keep pet(s) leashed at all times (day and night); leash not to exceed 10 feet.
3. Failure to clean up after pet.
4. Barking dogs, howling cats or loud noise produced by any other type pet disturbing neighbors.
5. Failure to register existing pets and any pet secured after this date.

PLEASE LIST ALL PETS:

TYPE	BREED	COLOR	AGE	MALE OR FEMALE	WEIGHT	SPAYED/ NEUTERED?

## ACKNOWLEDGMENT

This application must be completed and signed by all adults who will occupy the home on the homesite listed above. Incomplete applications will not be processed. Please allow ample time for information to be verified and for management to complete a background search. Management will notify applicant(s) of status of application. By signing this application, the applicant(s) recognizes that Whispering Palms MHC, LLC management may investigate the information supplied by the person(s) above and a full disclosure of pertinent facts may be made to management. I/We hereby affirm that the information provided on this application is true and correct to the best of my/our knowledge, information and belief, and that there will be no one living in the home described above other than those named herein. I understand that this application will be considered incomplete unless signed, dated and accompanied by non-refundable application fee, proof of identity and proof of income. I/We hereby authorize Whispering Palms MHC, LLC to obtain any information and consumer report it deems desirable in the processing of my/our application, including but not limited to credit reports, civil reports, and/or criminal actions, rental history, employment salary/details, police and vehicle records, and any other relevant information. Furthermore, I/we release Whispering Palms MHC, LLC, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. I/we agree to pay a non-refundable application fee retained by Whispering Palms MHC, LLC as the agreed compensation for credit investigation, processing and verification of the application information, other expenses and/or loss of rent, and Whispering Palms MHC, LLC shall have no further obligation to applicant. I/whereby waive any claims for damages as result of non-acceptance of this application, which Whispering Palms MHC, LLC may reject. I/we further understand that if my/our application is approved as a resident(s) of this community, all rental activity including but not limited to: late and delinquent payments, NSF checks, collections/judgments, rule violation, damages, abandonment and eviction, will be submitted to a national reporting agency to be permanently recorded and accessible to any subscriber.

X \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

X \_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Co-Applicant

X \_\_\_\_\_  
Co-Signer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Co-Signer

HOW DID YOU HEAR ABOUT WHISPERING PALMS? \_\_\_\_\_