



APPLICATION INFORMATION

Please provide the following items along with your completed application for processing.

- _____ All persons residing at the home must be included on the application.
- _____ Applicants need to sign the bottom of the application.
- _____ We will need a copy of your driver's license and social security card.
- _____ We will need you to provide us with proof of income, such as two recent pay stub copies, W-2, etc.

APPLICATION PROCESSING FEE IS NO CHARGE.

PLEASE ALLOW UP TO FIVE DAYS FOR YOUR APPLICATION PROCESS.

Thank You!

Tour Model Homes On-Line
www.RollingHillsVillage.com

APPLICATION FOR RESIDENCY

NAME - LAST		FIRST	MIDDLE	JR./SR.	CO-APPLICANT	
APP. BIRTH DATE		SOCIAL SECURITY #	DRIVERS LIC. #	STATE	TELEPHONE ()	
CO-APP. BIRTH DATE		SOCIAL SECURITY #	DRIVERS LIC. #	STATE	TELEPHONE ()	
PRESENT ADDRESS STREET			CITY	STATE	ZIP	HOW LONG
PRIOR ADDRESS STREET			CITY	STATE	ZIP	HOW LONG
EMPLOYER	ADDRESS STREET		CITY	STATE	ZIP	
POSITION	HOW LONG	MONTHLY SALARY		BUSINESS TELEPHONE ()		
CO-APP. EMPLOYER	ADDRESS STREET		CITY	STATE	ZIP	
POSITION	HOW LONG	MONTHLY SALARY		BUSINESS TELEPHONE ()		
ADDITIONAL MONTHLY INCOME - PLEASE SPECIFY						
AUTO MAKE, MODEL, YEAR		LIC. #	AUTO MAKE, MODEL, YEAR		LIC. #	
ALL OTHER OCCUPANTS:						
NAME		DATE OF BIRTH		RELATIONSHIP TO PRIMARY APPLICANT		
BREED OF PET	WEIGHT	NAME OF PET		PET LICENSE OR IDENTIFICATION		
BANK	BRANCH		CHECKING #	SAVINGS #		
CREDIT REFERENCE NAME (major credit cards if any)		ACCT. #	ORIGINAL BALANCE	AMOUNT OWING		
1)			\$	\$		
2)		ACCT. #	ORIGINAL BALANCE	AMOUNT OWING		
PERSONAL REFERENCE <small>excluding relatives or employers</small>		ADDRESS	CITY	STATE	TELEPHONE ()	
PRESENT RENTAL COMMUNITY OR MORTGAGE CO.		ADDRESS	CITY	STATE	TELEPHONE ()	
PRIOR RENTAL COMMUNITY OR MORTGAGE CO.		ADDRESS	CITY	STATE	TELEPHONE ()	
IN CASE OF EMERGENCY NOTIFY		ADDRESS	CITY	STATE	TELEPHONE ()	
LIST ANY PRIOR JUDGEMENT BY RENTAL HOUSING AND GIVE DETAILS						
MAKE OF HOME		# OF BEDROOMS	SIZE	YEAR	SERIAL #	
RETAILER	SALESPERSON		FINANCED BY		TELEPHONE ()	
TO BE COMPLETED BY COMMUNITY MANAGEMENT						
NAME OF COMMUNITY			APPLICATION RECEIVED BY			
EFFECTIVE DATE OF RENTAL AGREEMENT / /	TYPE OF RENTAL AGREEMENT <input type="checkbox"/> LEASE <input type="checkbox"/> MO. TO MO. MOS.		*HOLDING DEPOSIT \$	MONTHLY RENT \$	HOME PAYMENT \$	
ADDRESS OF HOMESITE RENTED		UNIT #	CITY	STATE	ZIP	

PLEASE READ CAREFULLY - APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that if accepted, falsified statements on this application shall be considered sufficient cause for eviction. Management is hereby authorized to make any investigation of my personal history (civil and criminal) and financial and credit record through any investigation or credit agencies or bureaus of its choice. Management agrees to notify me of its decision within 45 days.

DATE _____ SIGNATURE OF APPLICANT _____ SIGNATURE OF CO-APPLICANT _____

APPROVED BY _____

* NON-REFUNDABLE UPON ACCEPTANCE OF APPLICATION