COMPLETING THE APPLICATION FOR OCCUPANCY

Thank you very much for your interest in our community! Below, please find instructions on how to complete your application so that we are able to process it quickly and efficiently. Complete applications allow us to process without having to repeatedly contact you for information. We will not process any incomplete applications. Please note each occupant 18 or older must submit an Application for Occupancy.

In order to accept your Application for Occupancy we must receive the following documents with your application.

- 1. A copy of your government issued photo ID and Social Security Card.
- 2. The Application for Occupancy with <u>all fields completed</u>. If you do not have a previous landlord's phone number on hand, take a moment to locate it before submitting the application.
- 3. Proof of income or significant savings that you may have. This includes:
 - 2 or more pay stubs
 - 1099
 - W-2
 - Social Security statements
 - VA statements
 - Bank statements
- 4. A \$30.00 processing fee, per person, must accompany the application (if applicable)

The Application for Occupancy must be completed in its entirety in order to be processed.

Please write legibly!

For Those Purchasing a Home from an Existing Resident in the Community

Once an Application for Occupancy is accepted, an inspection of the home is required in order to ensure that the home meets park standards (in applicable states). Once any repairs called for are verified complete, you will receive a letter of approval from the park. You must provide the park with proof of homeowner's liability insurance prior to signing a lease.

Thank you again for applying! We look forward to working with you!



All Applicants' last names:			/	
(All members of ho	usehold over age 18 m	ust fill out separate	e Application for Od	cupancy)

Application for Occupancy

Rental Office: 860-222-3997 Ext.18 Fax: 860-222-3998 P.O. Box 577, Gales Ferry, CT 06335 E-mail: michelle@freeholdre.com

Community Name:	
Date:/	Move in Date:/
Unit/Lot #: Monthly Ren	t: Security Deposit: Processing Fee: \$30.00
How did you hear about us?	
Personal Information:	
First Name:	MI: Last Name:
Soc. Sec. #:	MI: Last Name:
Driver's License (or Gov. Issued ID):	State:Exp:/
Email:	
Home Telephone:	Cell Number :
Present Street Address:	
City:	_ State: Zip:
Length of Time:	State: Zip: Months
	ou have a Lease? Yes No Expires When?
Name of Landlord or Mortgage Hold	der:Phone Number:
Previous Street Address:	
City:	State: Zip:
Length of Time:	Months Years Monthly Rent/Mortgage: \$
☐ Owned ☐ Rented Did yo	ou have a Lease? Yes No Expires When?
Name of Landlord or Mortgage Hold	der:Phone Number:
Employment:	
Employer:	Address:
Phone Number:	Date First Employed://
	Supervisor:
	(circle one) Hourly Weekly Bi-Weekly Monthly Yearly
Former Employer:	Address:
Phone Number:	
Position:	
	(circle one) Hourly Weekly Bi-Weekly Monthly Yearly
Unearned Income:	
	us to consider, please list income source, and person (ie: ssi, tanf, snap, alimony,
	n the spaces provided. All sources of legal income will be considered.
Source:	Data First Started Description
	Date First Started Receiving://
	(circle one) Hourly Weekly Bi-Weekly Monthly Yearly
Source:	
	Date First Started Receiving:/
Income \$	(circle one) Hourly Weekly Bi-Weekly Monthly Yearly



banking information.					
Bank Name:		Account #			
Address:			Balance: \$		
Bank Name:		Account #			
Address:			Balance: \$		
HAVE YOU:					
Ever broken a rental agreeme	nt?			Y es	
If yes, explain:					
Ever been sued for non-paym	ent of rent?			/es	
If yes, explain:					
Ever been evicted from any p	remises?			⁄es	
If yes, explain:					
Ever been foreclosed on from				⁄es	
If yes, explain:					
Ever filed for bankruptcy?	,		□ \	⁄es	□ No
If yes, when:/_	/				
If yes, explain:Are you currently being evicted					
				res	
Ever been convicted of a crim				/00	N
				es	□ No
Why are you leaving present I	andlord?				
Pets:					
Do you have any pets?				/es	
	P	lease refer to pet policy			
YOU MAY ONLY		TIF APPROVED AND YOU SIGN A			
		INSURANCE MAY BE REQUIRED			
	(Certain Br	eeds of Dogs Are Not Permitted	d)		
In case of emergency notify: _		Address:			
Tel. #:		Relationship:			
List all other people to live in	unit:				
		OR OLDER <u>MUST</u> FILL OUT AN APP	LICATION FOR OCCU	IPANC	:Y
		Relationship:_		Age: _	
		Relationship:_		Age: _	
		Relationship:		Age:	
		neiationship		¬ຮະ	
Make of car #1:		License Plate #:			
Make of car #2:	Year:	License Plate #:	ST:		



I understand the processing fee is a non-refundable cost of processing this application. I understand the \$30.00 processing fee is a **per applicant fee**.

I acknowledge that the above information is true and correct, and authorize verification of ALL above information. Any false information or failure to provide backup documentation to complete application may constitute cause for rejection of this application and forfeiture of my deposit.

I have read and agree to ALL of the terms contained here.

Renters Only:	
We will not guarantee	the unit availably with the earnest money deposit. I have deposited the sum of after the "earnest money deposit") in consideration for Owner/Manager taking
the unit off the market	while processing this application. If this application is approved, I agree to enter t and take possession of the unit by the move in date listed on this Application fo
understand that I may	t money deposit shall be refunded to me if the application is NOT approved. I cancel this application by written notice within 24 hours of initial submission and this earnest money deposit. After 24 hours, I understand that:
EARNEST MONEY DEPO	OSIT IS NON-REFUNDABLE IF YOU ARE APPROVED FOR OCCUPANCY AND DON'T TAKE THE UNIT
Initial: X	
At the time the Lease C part of the first month'	contract is executed, the earnest money deposit will be applied to and become a s rent.
	ORMATION GIVEN ON AN APPLICATION IS IN ITSELF GROUNDS FOR ECTION OF THE APPLICATION OR TERMINATION OF TENANCY.
hereby consents to and Such consent and author investigation of the App contractors and credit a its agents, and anyone providing written or ve information provided b	se of Information: For the term of the relationship with Landlord, the Applicant authorizes the Landlord's investigation into the Applicant's credit worthiness. Orization is given with respect to any and all persons who may conduct an oblicant's credit worthiness on behalf of the Landlord, including independent agencies retained by Landlord for such purpose. Applicant hereby holds Landlord, involved in the investigation, free and harmless of any liability for requesting or rbal information and/or discussing the quality or history of Applicant. Any false y Applicant or Applicant's failure to provide backup documentation for erein may constitute cause for rejection of this application and forfeiture of my.
X	X
Date	Applicant Signature
Χ	<u>X</u>
Date	Leasing Agent

