Thank you for choosing Fairview MHP as your future home!

Attached is the application required to begin your residency with Fairview MHP.

Applicants must be eighteen (18) years of age or older. All applicants applying for residency that is over the age of eighteen (18) must apply separately. All applicants must submit the following documentation:

1. A COMPLETED AND SIGNED APPLICATION.

2. A COPY OF YOUR DRIVER'S LICENSE OR STATE ID.

3. A COPY OF YOUR SOCIAL SECURITY CARD.

4. PROOF OF INCOME – LAST TWO PAY STUBS OR BANK STATEMENTS WITHIN THE LAST 30 DAYS. IF SELF EMPLOYED, MOST RECENT YEARS TAX RETURN. AWARD LETTER FOR SSI, DISABILITY, WORKMANS COMP OR OTHER INCOME.

5. THE APPLICATION FEE IS \$50.00 PER PERSON. NO CASH ACCEPTED; CHECK OR MONEY ORDER ONLY. PAYABLE TO FAIRVIEW MHP LLC.

*Applicants must have verifiable income of at least 3 times the rent amount.

*Our tenant screening process includes credit score, eviction history, and criminal background. Those with credit scores under 600 will require a second deposit held for one year.

If all documents are in order and these guidelines are followed, we will process your application within seven (7) business days. Failure to provide documents or complete information could delay your application.

PLEASE DROP OFF APPLICATION AND ANY PAPERWORK, MONEY ORDERS AND/OR CHECKS IN THE DROPBOX LOCATED ON THE SIDE OF THE OFFICE. OFFICE IS LOCATED AT 27 UPPER LOOP ROAD LEESPORT, PA 19533

Fairview MHP Resident Application

1. Primary Applicant		Applying	for Homesite #	
	Secondary Applicant		Date	
Will this person be listed	d on the lease? Yes_	No _		
Name:				
Last Name	First Name		iddle Initial	
Address:				
Street	City	State	Zip Code	
How long at current address? _				
Daytime Telephone :	Evening Telephone:			
Birthdate / /	Social Se	curity # :		
Drivers License Number:		Marital S	tatus	
Email address:				
Would you like the paperless o	ption for the followin	ıg :		
Newsletters: Yes No				
Invoices: Yes No				
Epay : Yes No				
2. <u>Present Landlord:</u>				
Name :				
Address:				
Street	City	State	Zip Code	
Telephone :				

27 UPPER LOOP RD LEESPORT, PA 19533 | INFO@FAIRVIEWMHP.COM I Tel. 484-662-3965 FAX NUMBER 484-671-3735

3. <u>Dependents:</u> List only those that	t live with you	
Name:	Sex:	Birth Date
Name:	Sex:	Birth Date
Name:	Sex:	Birth Date
4. <u>Employment (present)</u>		
Company:	Address:	
Position :	Telephone:	
Monthly Salary :	How long employed there :	
5. <u>Employment (previous)</u>		
Company:	Address:	
Position :	Telephone:	
Monthly Salary :	How long employed	l there :
6. <u>Bank Reference:</u>		
Name of Bank :	Checkin	g: Savings:
7. <u>Pet Information:</u>		
Type: Breed:	Na	me:
Rabies Info:	License #:	
Color :		

(Please provide a copy of rabies information as well as license information. If you have a service dog please provide proper paperwork as well. There is a \$500.00 security deposit due for an approved animal)

8. <u>Auto Information:</u>

Make:	Model:	Year:	
Color:	License Plate #:		
Make:	Model:	Year:	
Color:	License Plate #:		

- 9. As a prospective resident, if accepted do you agree to abide by the lease and rules and regulations of the Community? Yes No
- 10. I understand the term of the rental agreement is Month to Month. Either party has a right to terminate the lease with a thirty (30) day written notice. Yes No
- 11. With the singing of this application, the prospective resident acknowledges receipt of a copy of the Rules and Regulations and further agrees to be an asset to the community and to abide by all rules and regulations that are presented and may be presented from time to time. I understand that acceptance of my application shall be valid only upon the condition that all statements made herein are true. I further understand that my rental of said homesite should remain valid only upon the condition that accupancy remains as described in this application unless otherwise authorized by the management.

Residents Signature	Date
Managers Signature	Date

Credit Release Authorization

- 4. Have you ever filed for bankruptcy? _____ Discharge date: _____ Please explain: _____

I certify that the above information is true and correct, I understand Fairview MHP will conduct a search of my background. I understand this may include records from state employment security agencies. I authorize Fairview MHP to conduct whatever search they deem necessary. I further authorize the release of any and all information to Fairview MHP. I understand there will be a non-refundable fee of \$50.00 to conduct this search.

Residents SignatureDateManagers SignatureDate

Application Approval Process

Once a completed application is received, you will receive a response from our office, usually within 7 business days (with the exception of holidays.) All applicants will be required to meet the same screening criteria to qualify for community acceptance.

Closing and Move In

Once your application has been fully approved, you can complete the purchase of the home and schedule an appointment to sign the Lease and all paperwork with Management at 27 Upper Loop Rd. All occupants over the age of 18 must be present. You are not permitted to move into the home until all parties have signed the leasing documents.

Please note, an application is considered incomplete and cannot be processed until ALL required documents and fees are received in the Management Office