

MOBILE HOME PARK APPLICATION

PART 1 - GENERAL INFORMATION

A. WILL THIS BE YOUR PRIMARY RESIDENCE? Yes No

B. LOT INFORMATION

Name of Park	Lot Number	Name of Current Mobile Home Owner
--------------	------------	-----------------------------------

C. ACTION REQUESTED

<input type="checkbox"/> PURCHASING <input type="checkbox"/> JOINING AN EXISTING HOUSEHOLD	<input type="checkbox"/> Existing home on lot <input type="checkbox"/> New home to be placed on vacant lot <input type="checkbox"/> Used home to be placed on vacant lot	<input type="checkbox"/> I am paying cash for the home OR <input type="checkbox"/> I am financing the home Financial Lender _____ Contact Name _____ Contact Telephone _____ Loan Amount \$ _____
	Community _____ Household _____ Lot Number _____	

D. PETS

We do not allow outdoor cats or pet dogs in our properties.

Animal _____ Breed _____ Current Shots _____

PART 2 - APPLICATION INFORMATION

NAME	First	Last	Middle Initial	Maiden Name
	MAILING ADDRESS			
	PO Box / Street	City / Town	State / Zip Code	
	PHYSICAL ADDRESS			
	Street Address	City / Town	State / Zip Code	
TELEPHONE	Home	Cell	Work	



PART 3 - FAMILY COMPOSITION - List all persons who will be living in the household.			
Names of Household Members	Relationship to Head of Household	Social Security Number	Date of Birth
	HEAD		

PART 4 - INCOME					
EMPLOYMENT INFORMATION: List all full and/or part-time employment for all members of the household.					
Family Member	Employer Name & Address	Employer Phone #	Rate/Hour	Hours/Week	Downstreet Office Use Only

OTHER INCOME: List income from: Welfare, Reach Up, General Assistance, Social Security, SSI, Pensions, Workers Compensation, Unemployment Compensation, Child Support or Alimony, and/or other.					
Family Member	Income Source	ID/Claim #	Amount	Check One	Downstreet Office Use Only
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	



ASSETS (Bank Accounts, IRAs, Pensions, Stocks, Bonds, Insurance Policies, and/or other): Please list all accounts held by each person who'll live in your unit. Attach a separate sheet of paper if needed.				
Household Members	Bank/Institution	Account Number	Interest Rate	Current Balance
		#	%	\$
		#	%	\$
		#	%	\$
		#	%	\$

OTHER ASSETS		
Do applicants own real estate other than the home in which you live? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is the location?		Market Value
PO Box / Street	City / Town	State / Zip Code \$
Is this an income-producing property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does anyone applying own any other asset not already listed? (Do not include furniture. Do not include motor vehicles used for personal transportation.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes," please describe:		
Have you or any member of the household disposed of, transferred or otherwise given away any cash property or other assets for less than they are worth in the past two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes," please describe:		
Cash Value \$	Amount Received \$	Date disposed of: / /
Do you or any member of the household receive regular gifts or contributions from any person or organization? (Gifts or contributions include: cash, non-cash items, bills paid on your behalf, or items paid on your behalf.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes," please describe:		
Cash Value \$	Received from:	How often (i.e. monthly)?



PART 5 - HOUSING REFERENCES

Fill out this information for all places you've lived in the past five (5) years, not including your present housing. Attach a separate sheet of paper if needed.

Landlord Name	Property Address	Landlord Telephone #	Dates You Lived Here	
		()	From: (m/y)	To: (m/y)
		()	From: (m/y)	To: (m/y)
		()	From: (m/y)	To: (m/y)
		()	From: (m/y)	To: (m/y)

PERSONAL REFERENCES: Please list three (3) non-relative personal references.

NAME	COMPLETE ADDRESS	TELEPHONE # AND/OR EMAIL

PART 6 - CONSENT FOR RELEASE OF INFORMATION/CERTIFICATION OF COMPLETION

My signature below authorizes Downstreet to obtain any information that is pertinent to eligibility and suitability for residency at the mobile home park to which I have applied and certifies that the information listed on this application is complete and true to the best of my knowledge. Photocopies of this authorization may be used. This original is retained by the requesting organization.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Other Adult Signature _____ Date _____

Other Adult Signature _____ Date _____



Applicant: _____
Last First Middle

Maiden or Alias Name(s): _____

Date of Birth: / / Social Security Number: - -

Gender: _____ Race: _____ Phone #: _____

List all states in which you have lived: _____

RELEASE

I hereby authorize Downstreet to conduct a comprehensive background check that includes any one or all of the following: past employment and tenancy, criminal, drug, and driving records.

I understand that the results of checks will be made available to Downstreet for use in reviewing my initial and continued suitability as a tenant. I am aware that the background reports I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and other sources.

I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to the relevant reporting agency within 72 hours of learning the results: Screening One, Inc., 2233 W. 190th St., Torrance, CA 90504 (866) 273-3848 or Vermont Criminal Information Center, Department of Public Safety, 103 South Main St., Waterbury, VT 05676-2101.

I understand that a photocopy, facsimile, or scanned copy of this signed document shall be considered as valid as an original.

Signature of Applicant

Date



AUTHORIZATION TO RELEASE INFORMATION

Please Print Name(s) of person(s) requesting services:

Name _____ Social Security # _____ D.O.B. _____

Name _____ Social Security # _____ D.O.B. _____

Address: _____ Phone: _____

Address: _____ Phone: _____

This document constitutes my/our consent for the following organization(s) to release information to Downstreet Housing & Community Development to release information to said organization(s), for the purposes of any/all housing related services. i.e. any/all rental programs, Down Payment and Home Purchase Services, Homebuyer Education/Counseling, Credit, Budget, and Financial Counseling, Foreclosure/Mortgage Delinquency Counseling, Home Rehabilitation and Lending Services:

- ✓ Credit Bureau Services of Vermont (CBC) and Equifax, Experian, and TransUnion to obtain my credit report
- ✓ Banks and/or other lending institutions associated with the transaction(s), to include providing a copy of my HUD-1 Settlement Statement to Downstreet upon the purchase of my home.
- ✓ Attorneys, mediators, and/or title companies associated with the transaction(s)
- ✓ Creditors and/or collections agencies
- ✓ Efficiency Vermont
- ✓ Habitat for Humanity
- ✓ USDA Rural Development (RD)
- ✓ Vermont State Housing Authority
- ✓ Vermont Housing Finance Agency
- ✓ Homeowner's Insurance/Hazard insurance agencies and/or companies
- ✓ Any and all Social Service Agencies to which I am referred
- ✓ Social Security Administration
- ✓ My employer(s) for purposes of verifying employment and income
- ✓ Depositories for purposes of verifying account balances and account history
- ✓ Housing Advisors: Kira Charissakis and/or Cheryl Moyer, Downstreet
- ✓ Other: _____

A photographic or carbon copy of this authorization bearing a photographic or carbon copy of the signature (s) of the undersigned may be deemed to be equivalent to the original hereof and may be used as a duplicate original.

Signature: _____ Date: _____

Signature: _____ Date: _____



INTENT TO SELL MOBILE HOME

Name of Mobile Home Park: _____ Lot # _____

Name: _____ Date of this Notice: _____

Address: _____ Telephone Number: _____

Date home will be posted or listed for sale: _____

Name, address and telephone number of agent involved, if any:

Asking price of home: \$ _____

Year	Make	Model	Size	Bedrooms	Appliances	Etc.

Reason for selling home: _____

Does Downstreet have permission to give your name, address and telephone number to prospective buyers?

Yes No

I have read my mobile home park lease regarding the intended sale of my home. I understand and will abide by the requirements for selling my mobile home as stated in my Mobile Home Park Lease Agreement.

Signature of Owner: _____ Date: _____

Signature of Owner: _____ Date: _____

