

RESIDENCY APPLICATION

LOT: _____ STREET: _____ PARK NAME: _____

NAME OF APPLICANT: _____ BIRTH DATE: _____

SPOUSE'S NAME: _____ BIRTH DATE: _____

PRESENT ADDRESS: (PLEASE GIVE STREET, ETC. DO NOT GIVE POST OFFICE MAIL ADDRESS)

CONTACT PHONE: _____

HOW LONG? _____ YEARS RENT ___ OWN ___ OTHER _____

PREVIOUS PERMANENT ADDRESS IN THE LAST FIVE YEARS (IF DIFFERENT FROM ABOVE):

ARE YOU PLANNING TO LIVE IN COMMUNITY ___ PART TIME ___ PERMANENT

WILL ANYONE OTHER THAN THE ABOVE NAMED APPLICANTS RESIDE AT THE HOME? _____
YES ___ NO

IF YES, LIST NAME, DOB, SS# AND TELEPHONE _____

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____
PHONE: _____

DO YOU HAVE ANY MEDICAL DISABILITIES? ___ YES ___ NO
IF YES, BRIEFLY EXPLAIN _____

APPLICANT

SPOUSE

SOCIAL SECURITY # _____
U.S. CITIZEN? YES ___ NO ___
OCCUPATION _____
EMPLOYER _____
ADDRESS _____

SOCIAL SECURITY # _____
U.S. CITIZEN? YES ___ NO ___
OCCUPATION _____
EMPLOYER _____
ADDRESS _____

DO YOU HAVE A CAR? YES ___ NO ___
PLAN TO USE A CAR? YES ___ NO ___

DO YOU HAVE A CAR? YES ___ NO ___
PLAN TO USE A CAR? YES ___ NO ___

HOW MANY PETS WILL BE RESIDING IN THE HOME? _____

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A FELONY OR MISDEMEANOR?
YES ___ NO ___ IF YES, LIST OFFENSE, DATE OF CONVICTION AND SENTENCE.

PROSPECTIVE HOMEOWNER DATE

PROSPECTIVE HOMEOWNER DATE