

TYPE OR PRINT IN BLACK INK ONLY

MIDDLE RIVER HOMES CONDO APPLICATION FOR OCCUPANCY

NAME _____ SOC. SEC. # _____ BIRTHDATE ____ / ____ / ____
(LAST) (FIRST) (M.I.)

TOTAL NO. OF OCCUPANTS _____ NAMES & AGES OF OTHER OCCUPANTS _____

PRESENT ADDRESS _____ PHONE _____ - _____ - _____
St.No. Street Name Apt. No.
City State Zip

PRESENT LANDLORD/ MORTGAGE CO. _____ PHONE _____ - _____ - _____

ADDRESS OF LANDLORD OR MORT. CO. _____
St.No. Street City State Zip

LENGTH OF RESIDENCE YRS _____ MO. _____ MONTHLY RENT OR MORTGAGE PAYMENT \$ _____ MORTGAGE ACCT NO. _____

PREVIOUS ADDRESS _____ PHONE _____ - _____ - _____
St.No. Street Name Apt. No.
City State Zip

PREVIOUS LANDLORD/ MORTGAGE CO. _____ PHONE _____ - _____ - _____

ADDRESS OF LANDLORD OR MORT. CO. _____
St.No. Street City State Zip

LENGTH OF RESIDENCE YRS _____ MO. _____ MONTHLY RENT OR MORTGAGE PAYMENT \$ _____ MORTGAGE ACCT NO. _____

EMPLOYMENT

PRESENT EMPLOYER _____ PHONE _____ - _____ - _____
Co. Name Supervisor Name

EMPLOYER ADDRESS _____
St.No. Street City State Zip

POSITION _____ LENGTH OF EMPLOY. ____ Yr ____ Mo INCOME _____ per _____

PREVIOUS EMPLOYER _____ PHONE _____ - _____ - _____
Co. Name Supervisor Name

EMPLOYER ADDRESS _____
St.No. Street City State Zip

POSITION _____ LENGTH OF EMPLOY. ____ Yr ____ Mo INCOME _____ per _____

MIDDLE RIVER HOMES CONDO APPLICATION FOR OCCUPANCY (CONTINUED)

BANK AND CREDIT REFERENCES

BANK NAME AND ADDRESS _____ CKING ACCT. NO. _____

BANK NAME/CREDITOR & ADDRESS _____ LOAN NO. _____

AUTOMOBILES AND OTHER INFO.

FIRST CAR _____ SECOND CAR _____
YEAR MAKE MODEL TAG NO. STATE YEAR MAKE MODEL TAG NO. STATE

DRIVERS LICENSE NO. _____ STATE _____ ADDRESS SHOWN _____

IN CASE OF EMERGENCY, NOTIFY _____ PHONE - - _____

ADDRESS _____
STREET NO. STREET CITY STATE ZIP

NEAREST RELATIVE NOT LIVING WITH YOU _____ PHONE - - _____

ADDRESS _____
STREET NO. STREET CITY STATE ZIP

HAVE YOU EVER BEEN EVICTED FROM A RENTAL RESIDENCE FOR NONPAYMENT OF RENT? _____ YES _____ NO

IF YES, LANDLORD NAME _____ PHONE - - _____

ADDRESS _____
STREET NO. STREET CITY STATE ZIP

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

IF YES, PLEASE EXPLAIN (YEAR, LOCATION, TYPE OF FELONY) _____

Applicant represents that all of the above information is true and complete and authorizes the verification of same by reasonable means. Applicant authorizes community/association to obtain applicant's credit bureau reports and other information deemed necessary in order to process this application. Applicant understands that false or incomplete information given herein may constitute grounds for rejection of this application. Applicant agrees that a full disclosure of all information obtained may be made to the association and owner of the property for which applicant has applied.

I, The undersigned Applicant, have read and agree to all the provisions of this application.

Applicant's Signature _____ Spouse's Signature _____ Date - - _____

OFFICE USE ONLY

REQUEST FOR RESIDENT SCREENING SERVICES

INDICATE BY () TYPE OF REPORT AND RESPONSE REQUESTED

REQUEST DATE: _____	_____ FULL REPORT
MEMBER: _____	_____ ECONOMY REPORT
CODE NO. _____	_____ CONDO REPORT
MEMBER FAX NO. (_____) _____	_____ YOUR COMPANY'S STANDARD REPORT
PERSON MAKING REQUEST: _____	_____ RUSH SERVICE
APT NO: _____	_____ FAX RESPONSE ONLY
MOVE-IN DATE: _____	_____ VERBAL REPOSE ONLY
	_____ VERBAL PLUS FAX RESPONSE