

**MARIN VALLEY MOBILE COUNTRY CLUB
APPLICATION FOR RESIDENCY**

Personal

Name of Person Making Application: _____

Phone Number: _____

Date of Application: _____

Present Address: _____

Social Security Number _____ Driver's License No: _____

Name(s) of Other Person(s) Who Will Be Occupying Home site: _____

Relationship(s): _____

Social Security Number(s): _____

Driver's License Number(s) _____

Previous Residency

Present Landlord or Mortgage Co.: _____ Yrs. _____

Address: _____ Phone: _____

Monthly Rent or Mortgage Payment: _____

Prior Landlord or Mortgage Co.: _____ Yrs. _____

Address: _____ Phone: _____

Monthly Rent or Mortgage Payment: _____

Have you ever been asked to terminate your residency elsewhere or have you ever been evicted? Yes No

If yes, please explain: _____

Have you ever lived in a mobilehome park before? Yes No

If yes, please explain: _____

Address: _____

Dates of Residency: _____

Latest Rent: _____

Vehicles

Number of Automobile(s): _____ Boat(s): _____ Other: _____

For your protection, we must have complete descriptions of all vehicles:

Make: _____ Model: _____ Year: _____ License No: _____ State: _____

Financed By: _____ Address: _____ Phone: _____

Make: _____ Model: _____ Year: _____ License No: _____ State: _____

Financed By: _____ Address: _____ Phone: _____

Make: _____ Model: _____ Year: _____ License No: _____ State: _____

Financed By: _____ Address: _____ Phone: _____

Pets

If you have dog and/or cat, please provide the following information:

Name _____ Age _____ Type _____ Weight _____ Height _____

Color/Description _____ Shots _____

Employment

Employer: _____ Phone: _____

Address: _____

Position: _____ Gross Monthly Salary: \$ _____

Immediate Supervisor: _____ Length of Employment: Yrs. _____ Mos. _____

Co-Resident's Employer: _____ Phone: _____

Address: _____

Position: _____ Gross Monthly Salary: \$ _____

Immediate Supervisor: _____ Length of Employment: Yrs. _____ Mos. _____

Co-Resident's Employer: _____ Phone: _____

Address: _____

Position: _____ Gross Monthly Salary: \$ _____

Immediate Supervisor: _____ Length of Employment: Yrs. _____ Mos. _____

If not employed, please provide source and amount of means of financial support:

Source: _____ Amount \$ _____

Source: _____ Amount \$ _____

References

Business: Name: _____ City: _____ Phone: _____

Name: _____ City: _____ Phone: _____

Personal: Name: _____ City: _____ Phone: _____

Name: _____ City: _____ Phone: _____

Financial

Name of Bank _____ City _____
Account # _____ - checking - savings - loan

Emergency

Person(s) to notify in case of an emergency (other than co-resident):

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

Home or Recreational Vehicle to Occupy Home site

Make/Model: _____ Net Size: Length: _____ Width: _____ Height: _____

Year: _____ Breaker Size: _____ amps. License or Decal No.: _____

Serial No.: _____ Value: _____

Financed By: _____

Current Location: _____

Legal Owner Name/Address: _____

Registered Owner Name/Address: _____

Junior Lien Holder Name/Address (if any): _____

The undersigned understands and acknowledges that this Park is a housing for older persons” park with a minimum age requirement of 55 years of age or older. The undersigned hereby represents that the person(s) making application to reside in the park meet the age requirement.

The undersigned requests the management to check the above credit references and representations. The undersigned acknowledges that in the event a rental agreement is executed by both the management and the undersigned, it is subject to approval by the management of the undersigned’s mobilehome or recreational vehicle as provided in the Rental Agreement.

APPLICANT

DATE

APPLICANT

DATE