Office Use Only

Credit Application & Move-In

DRS COMMUNITIES

Property: Cozy Mobile Home Park
Address: 1249 E. McDevitt Jackson, MI 49203

Date:

Phone: 517-787-0480 **Fax:** 517-796-9720

Email:

brace@drsmhc.com

		PE	ERSO	NAL II	NFORM	ATION			Includ	led Co	py of the Title	
Unit No.:	Rent amount:	Date:				Interviewed by:						
Name of applicant:	icant:				Tel:				Email:			
Date of Birth: Social Security No.: Driver's License No.:												
How Did You Hear About Us? Direct Mail Email R	Internet ex				Other:							
Have you ever been convicted of a felony? Yes No If Yes, Explain:												
RESIDENTIAL INFORMATION												
Present address:	City: State: Zip:											
Name of landlord:				Tel:				How long?			\$ Rent:	
Previous address:			City:				State:			Zip:		
Name of landlord:				Tel:				How	long?		\$ Rent:	
EMPLOYMENT INFORMATION												
Employer:	imployer:					Address:						
Position:				Tel:				How long?			\$ Salary:	
Previous employer:	revious employer:											
Position:					Tel:				long?	\$ Salary:		
Have you ever been served an eviction notice or been asked to vacate a property you were renting?												
Have you ever willfully or intentionally refused to pay rent when due?												
CO-APPLICANT/SPOUSAL INFORMATION												
Name of co-applicant: Email: Tel:												
Have you ever been convicted of a	felony?	Yes No	If Y	es, Explain:	:							
Date of Birth:	Social Se	curity No.:				Driver's Lic	cense No.:					
Present address:			City:	1			State:	1		Zip:		
Name of landlord:				Tel:				How lo	ong?		\$ Rent:	
Previous address: City:			City:				State: Z		Zip:			
Name of landlord:				Tel:				How long?			\$ Rent:	
Employer:					Address:							
Position:				Tel:				How long?			\$ Salary:	
Previous employer:					Address:							
Position:				Tel:				How long?			\$ Salary:	
VEHICLE INFORMATION												
No. of vehicles: No. recreational vehicles? List type (boats, motorcycles, etc.):												
Make/Model: Y				Year: Color:			License No.:				State:	
Make/Model:			Year: Color: L			License No.: State:				State:		
BANK INFORMATION												
Bank name: Address: Telephone: Checking account No.: Savings account No.:												
Have you ever filed for bankruptcy?												

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Orcali Application a move in												
EMERGENCY INFORMATION												
Emergency contact pe	erson:							Tel:				
Address:						Relationship:						
PERSONAL REFERENCES												
Name:			Email:			Relationship:		Tel:				
Name:			Email:			Relationship:		Tel:				
ADDITIONAL OCCUPANTS												
Name:			Email:			Relationship:		Date of birth:				
Name:			Email:			Relationship:		Date of birth:				
Name:			Email:			Relationship:		Date of birth:				
Name:			Email:			Relationship:		Date of birth:				
PET INFORMATION												
No. of pets:	Type/breed:						Size:					
MOBILE HOME INFORMATION												
Name:				Year:		Size:			No. Beds/Baths:			
Serial No.:					amperes:			Type of heating::				
Financed by:			Address:				Tel:	-				
Plnanced by: Address: 1el: DISCLOSURE												
I/We, the undersigned (applicant), freely and voluntarily authorize verification of any and all information set forth on documentation relating to this application, or release of any other information relating to this application, including release of information by any creditor or employer. In addition, I/We voluntarily consent to a criminal background investigation, and release of any information pertaining to arrest or conviction. The applicant understands and hereby acknowledges that the information referred to above, of certain portions thereof may be protected from disclosure without this signed authorization by federal and state laws. Applicant(s) represents that the information set forth on this document or any other document related to this application is true and complete. The applicant understands that this is an official document governed by state and federal laws. DRS Communities does not discriminate against any individual due to race, religion, national origin, gender, handicap, martial status, or age.												
Applicant signature Date			te	e Co-applicant signature				Date				
MOVE-IN INFORMATION (office use only)												
Application approved?	? yes no	Move-in d				es (from-to):	F	Renting:	☐ lot ☐ home			
QUANTITY	TYPE OF CHARGE		AMO	UNT			NOTES					
	Deposit		\$									
	Key deposit		\$									
	Credit application		\$									
	Base rent		\$						_			
	Extra adults		\$									
Pets		\$										
Lawn		\$										
Storage Water & Sower		\$										
Water & Sewer		\$										
	State taxes Miscellaneous		\$									
	TOTAL PER MONTH		\$									

