## Office Use Only

## **Credit Application & Move-In**



Property: St. Lucie Mobile Village Address: 11500 SW Kanner Hwy. Indiantown, FL 34956

Date:

Phone: 773-597-3234 773-597-3240 Fax:

Email:

stlucie@drsmhc.com

PERSONAL INFORMATION Included Copy of the Title											
Unit No.: Rent amount:			Date:	Interviewed by:							
Name of applicant:			Tel:	Email:	il:						
Date of Birth: Social Sec		Driver's License No.:									
How Did You Hear About Us?  Direct Mail Email Referral New	wspaper 🔲 Drive By	√	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	<b>/</b> :		State:		Zip:					
Name of landlord:		Tel:			How long?	\$	Rent:				
	EMPL	OYMENT IN	FORMATION								
Employer:					Address:						
Position:	n:				How long?	\$	Salary:				
Previous employer:	ious employer: Address:					·					
Position:	Tel:		How 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 Yes, Explain	:								
Date of Birth: Social Se	curity No.:		Driver's Lie	cense No.:							
Present address:	City	<i>/</i> :		State:		Zip:					
Name of landlord:											
		Tel:			How long?	\$	Rent:				
Previous address:	City	_		State:	How long?	Zip:	Rent:				
Previous address:  Name of landlord:	City	_		State:	How long?	Zip:	Rent:				
	City	<i>y</i> :	:	State:		Zip:					
Name of landlord:	City	/: Tel:	:	State:		Zip:					
Name of landlord: Employer:	City	Tel:		State:	How long?	Zip:	Rent:				
Name of landlord:  Employer:  Position:	City	Tel: Address Tel:		State:	How long?	Zip:	Rent:				
Name of landlord:  Employer:  Position:  Previous employer:		Tel: Address Tel: Address	:	State:	How long?	Zip:	Rent: Salary:				
Name of landlord:  Employer:  Position:  Previous employer:	VE	Tel: Address Tel: Address Tel: HICLE INFOR	:	State:	How long?	Zip:	Rent: Salary:				
Name of landlord:  Employer:  Position:  Previous employer:  Position:	VE	Tel: Address Tel: Address Tel: HICLE INFOR	RMATION	State:	How long?  How long?	Zip:	Rent: Salary:				
Name of landlord:  Employer:  Position:  Previous employer:  Position:  No. of vehicles:  No. recreations	VE	Tel: Address Tel: Address Tel: HICLE INFOR	: RMATION ats, motorcycles, etc.):		How long?  How long?  How long?	Zip:	Rent: Salary: Salary:				
Name of landlord:  Employer:  Position:  Previous employer:  Position:  No. of vehicles:  Make/Model:  Make/Model:	VE al vehicles?	Tel: Address Tel: Address Tel: HICLE INFOR	:  RMATION  ats, motorcycles, etc.):  Color:  Color:	License N	How long?  How long?  How long?	Zip:	Rent: Salary: Salary: State:				
Name of landlord:  Employer:  Position:  Previous employer:  Position:  No. of vehicles:  No. recreations  Make/Model:	VE al vehicles?	Tel: Address Tel: Address Tel: HICLE INFOR	:  RMATION  ats, motorcycles, etc.):  Color:  Color:	License N	How long?  How long?  How long?	Zip:	Rent: Salary: Salary: State:				

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Orcali Application a Move in										
			EMERG	ENCY IN	FORMAT	ION	T			
Emergency contact pe	erson:						Tel:			
Address:							Relat	ionship:		
PERSONAL REFERENCES										
Name:	ame: E			Email:		Relationship:		Tel:		
Name:	Email:		Email:			Relationship:		Tel:		
ADDITIONAL OCCUPANTS										
Name:		Email:		Relationship:		Date of birth:				
Name:		Email:			Relationship:		Date of birth:			
Name:	Name:		Email:			Relationship:		Date of birth:		
Name:	Name:		Email:		Relationship:		Date of birth:			
			PE	T INFORI	MATION					
No. of pets:	Type/breed:						Size:			
			MOBILE	HOME II	NFORMA <sup>*</sup>	TION				
Name:				Year:		Size:	No. E	Beds/Baths:		
Serial No.:				Electrical ampe		'		of heating:		
Financed by:			Address:		•		Tel:			
Timuneed by:	Financed by: Address: Tel:  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.										
Applica	ant signature	Dat	te			Co-applicant signature			Date	
MOVE-IN INFORMATION (office use of										
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 & Sewer		\$							
	State taxes Miscellaneous		\$							
	TOTAL PER MONTH		\$							

