

# Gateway Mobile Home Community

803 S. Frontier Trail

Mandan, ND 58554

(701) 663-6869

Email: gatewaymhc1@gmail.com

Date of Application: \_\_\_\_\_ Non-Refundable Background Fee: \$30 \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Rental Amount: \$ \_\_\_\_\_  
 \_\_\_\_\_ Unit Type Applied For: \_\_\_\_\_

**1. APPLICANT (Everyone Over the Age of 18) (PLEASE PRINT & ANSWER ALL QUESTIONS)**

|                    |                           |            |                 |
|--------------------|---------------------------|------------|-----------------|
| First Name:        | Middle Name:              | Last Name: | Phone:          |
| Social Security #: | Date of Birth: (m/d/yyyy) |            | E-Mail Address: |
| Current Address:   | City:                     | State:     | Zip: How Long?  |
| Previous Address:  | City:                     | State:     | Zip: How Long?  |

**2. RENTAL REFERENCES**

| CONTACT PERSON | ADDRESS, APARTMENT #, CITY, STATE, ZIP | PHONE NUMBER | OFFICE USE ONLY          | NOTES |
|----------------|--|--------------|--------------------------|-------|
|                |  |              | <input type="checkbox"/> |       |
|                |  |              | <input type="checkbox"/> |       |
|                |  |              | <input type="checkbox"/> |       |

**3. APPLICANT- VERIFICATION OF INCOME (Source #1)**

|                |                            |                    |        |
|----------------|----------------------------|--------------------|--------|
| Document Type: | Contact Person:            | Phone #:           | Fax #: |
|                | Contact Person's Position: | Monthly Income: \$ |        |
|                | Employer Name:             | Employer Address:  |        |

**APPLICANT- VERIFICATION OF INCOME (Source #2)**

|                |                            |                    |        |
|----------------|----------------------------|--------------------|--------|
| Document Type: | Contact Person:            | Phone #:           | Fax #: |
|                | Contact Person's Position: | Monthly Income: \$ |        |
|                | Employer Name:             | Employer Address:  |        |

**APPLICANT - EMERGENCY CONTACT**

|          |             |
|----------|-------------|
| Name:    | Home Phone: |
| Address: | Cell Phone: |
| City:    | State: Zip: |

**3. OTHER OCCUPANTS - LIST BELOW NAMES OF ALL OTHER PERSONS UNDER THE AGE OF 18 YEARS WHO WILL OCCUPY THE APARTMENT.**

| FULL NAME | RELATIONSHIP | DATE OF BIRTH (M/D/YYYY) | SOCIAL SECURITY |
|-----------|--------------|--------------------------|-----------------|
|           |              |                          |                 |
|           |              |                          |                 |
|           |              |                          |                 |
|           |              |                          |                 |



