

Meadow Park Mobile Home Park

803 S. Frontier Trail
Mandan, ND 58554
(701) 663-6869

Email: meadowparkmhc@gmail.com

Date of Application: _____ Non-Refundable
Background Fee: \$ 30
Property Address: _____ Rental Amount: \$ _____

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? | | | |

| | | | |
|--------------------|----------------|------------|--------|
| 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"/> | |

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 HOME.

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

4. VEHICLES

| | | | | |
|--------------------|-------------------------------|------|--------------|-------|
| HOW MANY VEHICLES? | APPLICANT DRIVER'S LICENSE #: | | | |
| LIC. PLATE # | STATE | MAKE | MODEL / YEAR | COLOR |



| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |

5. OTHER INCOME

| DOCUMENT TYPE | AMOUNT | PHONE # | CONTACT PERSON/TITLE | VERIFIED |
|---------------|--------|---------|----------------------|--------------------------|
| | \$ | | | <input type="checkbox"/> |
| | \$ | | | <input type="checkbox"/> |
| | \$ | | | <input type="checkbox"/> |

6. REFERENCES (FINANCIAL REFERENCES)

| BANK NAME | CONTACT PERSON | SELECT ONE |
|-----------|----------------|---|
| | | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER |
| | | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER |

HAS APPLICANT EVER?

| | |
|--|--|
| Refused to pay rent when due? <input type="checkbox"/> YES <input type="checkbox"/> NO | Been convicted of a crime (other than a traffic violation)? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Been evicted or asked to vacate? <input type="checkbox"/> YES <input type="checkbox"/> NO | Been convicted of a sex crime? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Been known by another name (e.g., maiden, alias)? <input type="checkbox"/> YES <input type="checkbox"/> NO | Filed for bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If you answered "YES" to any of these questions, please explain: | |

MANUFACTURED HOME INFORMATION

| MAKE | YEAR | SIZE | VIN# | VERIFIED |
|------|------|------|------|--------------------------|
| | | | | <input type="checkbox"/> |

FINANCED OR CONTRACT FOR DEED

| | |
|--|---|
| Financed? <input type="checkbox"/> YES <input type="checkbox"/> NO | Contract for Deed? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Financed by: | Owner Name: |
| Address: | Address: |
| | Phone |

PETS (NO PITBULLS, ROTTWEILERS, OR OTHER FIGHTING BREEDS)

| TYPE | NAME | VET RECORDS |
|------|------|-----------------------------------|
| | | <input type="checkbox"/> VERIFIED |
| | | <input type="checkbox"/> VERIFIED |

Applicant agrees to submit a **non-refundable** application fee of \$30.

Applicant agrees to submit a security deposit of \$_____, for the address identified above. Applicant acknowledges that the security deposit becomes **non-refundable 24 hours after submission** unless Applicant does not meet the rental selection criteria of Meadow Park MHC.

Applicant represents and warrants that all of the above information and statements are correct and complete, and agrees that the information may be used by Meadow Park MHC in determining whether to lease to Applicant. Applicant agrees that Applicant has no right to occupy an apartment unit until and unless this application is approved, a lease is signed and Applicant has made any necessary initial payments. Applicant understands that any misrepresentation on this application may be cause for lease termination and/or non-acceptance of this application.

All persons will be treated fairly and equally without regard to race, creed, ancestry, color, religion, gender, familial status, disability, national origin, age, marital status, sexual orientation, or public assistance status in compliance with the Fair Housing Act and all other applicable state law.

Print name of Applicant

Signature Date

