

## Newby Management Application for Residency

We invite you to complete the following application to start the process of entry into our professionally managed communities. We endorse the Fair Housing Act and qualify each application equally. We value every person: regardless of their race, color, national origin, religion, sex, familial status or handicap (disability). We use a national agency to consistently qualify potential customers using a written guideline including credit reports, criminal background checks and public records available. We Thank You for the opportunity to serve you.

<b>Personal Information</b>			<b>Proposed Information: Lot # _____</b>		<b>Rent \$ _____</b>
Applicants Last Name		Applicants First	Middle	Jr/Sr	
Birth Date	Social Security	Drivers License		/ State	
				Marital Status M    S    D	
Co-Applicants Last Name		Co Applicants First	Middle	Jr/Sr	
Co-App Birth Date	Co-App Social Security	Co-App Drivers License		/ State	
				Co-App Marital Status M    S    D	
Present/Northern Address		City	State	Zip Code	How Long?
Phone # (    )	Local Phone # (    )		Anniversary Date	Move-in Date	
Prior Address		City	State	Zip Code	How Long?

<b>Employment Information</b>					
Applicants Current Employer		Street Address		City	State
Zip Code	Business Phone	Position		Monthly Gross	How Long?
Co-Applicants Current Employer		Street Address		City	State
Zip Code	Business Phone	Position		Monthly Gross	How Long?

<b>Additional Information</b>					
Additional Monthly Gross Income \$ _____ Explain:		Auto: Make, Model		Year	Tag #
# of Pets	Size of Pets	Auto #2 : Make, Model		Year	Tag #
Additional Occupant		Relationship	Birthdate	<b>Current Landlord or Mortgage Company</b> Name: _____ Address: _____ Phone #: _____	
Additional Occupant		Relationship	Birthdate		
Additional Occupant		Relationship	Birthdate		
				<b>Current Rent or Mtg / Monthly Pymt :</b> \$ _____	
Mortgage Co. for Manufactured Home		Address of Mortgage Company		Phone #	
Make of Home	Serial # of Home	Loan #	Pymt Amt \$ _____	Names on Loan	
Emergency Contact		Relationship		Phone #	
Street Address		City		State	Zip Code

**HAVE YOU OR ANYONE IN YOUR HOUSEHOLD BEEN CONVICTED OF A FELONY OR SEX CRIME?**

YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, Please explain \_\_\_\_\_

This is an application for residency, completing the application does not in itself grant residency into the community. I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that if accepted, falsified statements on this application shall be considered cause for eviction. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigation or credit agencies or bureaus of your choice, based on the above information.



\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF CO-APPLICANT

\_\_\_\_\_  
APPLICATION DATE

\_\_\_\_\_  
APPROVED BY

\_\_\_\_\_  
APPROVAL DATE