



MHCO Form 1: Rental Application

Revised 11-2021 | This form is exclusively licensed to:

Name of Community/Park: _____

Address: _____

FEDERAL FAIR HOUSING

Classification of this community is: All ages 55 and Older 62 and Older
Application for Home site # _____ Date the site is needed _____

APPLICANT(S) FULL NAME(S): _____

Birth Date _____ SS# _____ ***

Driver Lic#/State _____ (attach copy)

CO-APPLICANT FULL NAME: _____

Birth Date _____ SS# _____ ***

Driver Lic#/State _____ (attach copy)

***[Note: Most screening companies require a Social Security Number. If Landlord accepts alternative screening tools, they must be consistently applied to all applicants.]

List all other persons who will live in the home. (Provide verification of age if 55 or older or 62 and older park.)

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____

Applicant's Present Address _____

Phone _____

Previous Address _____

(if present address less than 2 years)

Have you ever been evicted? Yes No When? _____ Where? _____

Name (of Landlord) _____

Address _____ Phone _____

Reason for Eviction:



In the past _____ years (seven (7) if left blank), have you, your co-applicant, if any, or any other person whom you intend to occupy the home with you, been convicted of ANY crime (whether by guilty plea, guilty verdict, or no contest plea), including all felony, misdemeanor, DUII (alcohol or drugs) convictions? This includes any live-in persons providing assistance, companionship, and/or housecleaning or other domestic services. Yes No If "Yes" please complete MHCO Form 1A and submit it with this Application.

EMPLOYMENT AND FINANCIAL INFORMATION

Applicant's Present Employer _____
Position _____
How Long _____
Address _____ Phone _____
Gross Salary _____ Phone _____

Co-Applicant's Present Employer _____
Address Position _____
How Long _____
Address _____ Phone _____
Gross Salary _____ Phone _____

APPLICANT AND CO-APPLICANT'S EMPLOYER RECORD

Applicant's Previous Employer _____
Supervisor _____
Address _____
Phone _____ Position _____
Salary _____ Employed from _____ to _____

Co-Applicant's Previous Employer _____
Supervisor _____
Address _____
Phone _____ Position _____
Salary _____ Employed from _____ to _____

List all other sources of household income and enough information to verify:

1. Source _____
Amount & Frequency _____
Address _____
Phone _____
Who receives the money? Applicant, Co-Applicant or other? _____



2. Source _____
 Amount & Frequency _____
 Address _____
 Phone _____
 Who receives the money? Applicant, Co-Applicant or other? _____

CREDIT REFERENCES

Bank (Checking) _____ Branch _____
 Checking # _____

Bank (Savings) _____ Branch _____
 Savings # _____

Charge Accounts, Loans, Contracts, etc.:

1. _____ Address _____
 Account # _____

2. _____ Address _____
 Account # _____

3. _____ Address _____
 Account # _____

4. _____ Address _____
 Account # _____

5. _____ Address _____
 Account # _____

LIST ALL OUTSTANDING DEBTS

1. Name _____ Phone _____
 Amount Owed _____ Monthly Payment \$ _____

2. Name _____ Phone _____
 Amount Owed _____ Monthly Payment \$ _____

3. Name _____ Phone _____
 Amount Owed _____ Monthly Payment \$ _____



4. Name _____
Amount Owed _____

Phone _____
Monthly Payment \$ _____

5. Name _____
Amount Owed _____

Phone _____
Monthly Payment \$ _____

In the past seven years have you ever (circle) declared bankruptcy, had a foreclosure, or repossession? Explain.

Yes No _____

HOME AND VEHICLES

Make and Model Home _____ Size _____

Year _____ ID# _____

Tip-out or Add-On: Left Side Right Side

Present Location _____ Power Panel Rating (amps) _____

Type of Heat _____

If Financed, Name of Lien Holder _____ Account # _____

Phone _____

Monthly Payment \$ _____

Sales Company or Broker _____ Phone _____

Address _____

Monthly Payment \$ _____

I am the legal owner of this manufactured home/mobile home: Yes No If no, explain

List all Vehicles by Makes, Models, Sizes and Years if they will be parked or stored at Community.

Auto or Trucks if they will be parked or stored at Community.

Boats and RVs if they will be parked or stored at Community.

Trailers if they will be parked or stored at Community.



Motorcycles if they will be parked or stored at Community.

Other if they will be parked or stored at Community.

Pets (with written permission/pet agreement with the community owner/manager)

Number of Pets _____

Description(s)/Type _____

Size (Wt./Ht.) _____

EMERGENCY INFORMATION

Please contact the following in case of an emergency or death:

Name _____

Relationship _____

Address _____

Phone _____

Name _____

Relationship _____

Address _____

Phone _____

I certify that all information is correct and complete. I understand that if any information is later found to be false, it may be grounds for eviction. I authorize community management to conduct any criminal record checks or credit checks, and all other inquiries necessary for verification of this information.

I understand that community management has the right of refusal upon arrival of the manufactured home/ mobile home described in this application, if there is any misrepresentation above or if the home arrives damaged or in bad condition.

Upon receipt of notice of approval of application, I will promptly execute a written Rental/Lease Agreement with the community and provide copies of the home title, insurance, and provide verification of age if the community is a 55 and older or 62 and older park.



I, the undersigned, authorize and instruct Landlord or Management to obtain such credit reports and tenant screening reports as he/she deems necessary or prudent, and authorize and instruct any and all credit reporting agencies and tenant screening services to provide such reports to Community Management at the above address.

ORS 90.680 allows the landlord seven (7) days (or such longer period to which the landlord and prospective purchaser agree) following receipt of a complete and accurate application, within which to accept or reject it.

APPLICANT AND LANDLORD EXPRESSLY AGREE TO EXTEND SAID PERIOD FROM SEVEN (7) DAYS TO TWENTY (20) DAYS. Applicant(s)

Initial here: _____

NOTICES TO LANDLORD: (1) Statement of Policy, Rules and Regulations and a copy of the Rental/Lease Agreement must be presented to the Applicant prior to signing the Rental/Lease Agreement; (2) Before accepting Applicant's application and payment of screening charge, Oregon Law requires Landlord to provide Applicant with certain important information. See, MHCO Form No. 1 (Notice to Applicant); and (3) If Landlord denies an application, they must, within 14 days of the denial, provide Applicant with a written statement of one or more reasons for the denial. See, MHCO Form No. 10 (Notice of Denial)

I/we certify and affirm that the information provided above is correct and accurate to the best of our knowledge, information, and belief.

APPLICANT'S SIGNATURE _____

Date: _____

CO-APPLICANT'S SIGNATURE _____

Date: _____

Spaces Assigned _____ Move In Date: _____

Additional Information

