

RENTAL APPLICATION FOR MOBILE HOME PARK LEASE

KEYSTONE KOMMUNITIES 717-522-1060
P.O. BOX 247 www.keystonekommunities.com
SILVER SPRING, PA 17575

Date: _____

Social Security No. _____
(applicant)

(co-applicant)

Birthdate _____
(applicant) (co-applicant)

(I,we) _____ (applicant) _____ (co-applicant), hereby apply to lease
Full Name Full Name

a mobile home space located at _____, as of _____, _____, at the
rent of \$ _____ per month. **This application fee is \$35.00 PER APPLICANT and is non-refundable.**

The sum of **\$100.00** deposited herewith on the understanding that it will be returned to me if this application is not approved. If this application shall be approved, I agree that the money deposited shall be credited toward the Security Deposit and that I will enter into a lease agreement on your standard form. Should this application be canceled by applicant for any reason, the deposit is non-refundable and automatically forfeited.

1. Age of Applicant: _____ years Sex: _____ Marital Status: _____

2. Names and Relationship of other occupant of the mobile home: _____

3. Do you have a pet? _____ Type? _____ Indoor? _____ Outdoor? _____

4. Mobile Home Make: _____ Year: _____ Registration No. _____

5. No. of Automobiles: _____ Make: _____ Year: _____ License: _____ State: _____

Make: _____ Year: _____ License: _____ State: _____

6. Parking Space Needed for Recreational Vehicles, Trailers, Trucks, or Extra Vehicles? _____

If so, specify type of vehicle and space needed: _____

7. Present Address: _____ where I have lived
(include zip code please)

for _____ years and which I paid lot rental of \$ _____ per month. Present Landlord or Agent to whom rental payments are made: _____

(Name, Address and Telephone no.)

8. Address of Previous Residence: _____

9. My Employer or Business is: _____

(Name and Address)

Supervisor's Name: _____ Telephone No. _____

Position: _____ Length of Employment: _____ Salary: _____ per year

10. Spouses Employer: _____

(Name and Address)

Supervisor's Name: _____ Telephone No. _____

Position: _____ Length of Employment: _____ Salary: _____ per year

11. Home Telephone Number: _____

I hereby state and represent that the information provided by me in this application is complete and accurate and I acknowledge and agree that in the event I enter into a lease, that lease may be canceled by the landlord in the event any of the above information provided by me is materially inaccurate or incomplete.

Received by: _____

Applicant's Signature: _____

Co-applicant's Signature: _____

Applicant's signature gives approval to check credit history and court records.

Please return this form to the above address along with the \$35.00 PER APPLICANT fee.