

Milton Mobile Home Co-op
MEMBERSHIP APPLICATION

Lot of Interest _____

Mobile Home Owned By _____

1. Applicant's Name	Social Security #	Home Phone #
2. Present Street Address	City, State, Zip Code	# of Years at Present Address:
3. Former Street Address	City, State, Zip Code	# of Years at Former Address:
5. Name and Address of Employer	Type of Business	Self-Employed? Yes _____ No _____
6. Business Telephone #	Position/Title	# of Years on the Job
7. Name and address of previous employer (if employed at present position for less than 2 years)	City, State, Zip Code	Business Telephone #
8. Co-Applicant's Name	Social Security #	Home Phone #
9. Present Street Address	City, State, Zip Code	# of Years at Present Address:
10. Former Street Address	City, State, Zip Code	# of Years at Former Address:
11. Name and Address of Employer	Type of Business	Self-Employed? Yes _____ No _____
12. Business Telephone #	Position/Title	# of Years on the Job
13. Name and Address of previous employer (if employed at present position for less than 2 years).	City, State, Zip Code	Business Telephone #

Sources of Income:

Earned by	Source	\$ Amount	Weekly/Monthly?

Applicants Drivers License or State ID # _____ Date of Birth: _____

Co-Applicant Drivers License or State ID # _____ Date of Birth: _____

Who will home the mortgage on the home? Please provide name and address:

Household Composition:

List the head of your household and all members who are expected to live in this home. Give the relationship of each family member to the head of the household.

Member No.	Full Name	Relationship	Age	Social Security Number	Full-Time Student? Yes/No	Citizenship Status
Head of HH						
2						
3						
4						
5						
6						
7						
8						

****Documentation: Please provide copies of following:****

- a. drivers license or other government ID for all adult owners of the home
- b. copies of recent paystubs or other proof of income
- c. copy of homeowners insurance quote or policy for home

Installation: If new or being moved into park, who is setting it up? The Co-op is NOT responsible for any of the setup or utilities connection!

You must provide the Board with evidence that the person or person you are using to establish the setup and utility connections are licensed in their respective fields.

Background Information:

Please answer the following questions with a yes or no answer. You may provide an explanation for any or all of your answers by attaching it to this application.

- 1. Have you ever been convicted of a felony? _____
- 2. Do you currently have an outstanding felony charge that has not yet been settled in a Court of Law? _____
- 3. Have you ever filed Bankruptcy? _____
- 4. Have you ever been evicted from another community/apartment/housing complex before? _____
- 5. Have you ever left another apartment/housing complex still owing rent or money for damages? _____
- 6. Do you understand this cooperative is governed by specific written bylaws and rules? _____

<u>References</u>	<u>Address</u>	<u>Relationship</u>	<u>Phone</u>	<u>May we Contact</u>

Please provide four references at four different addresses and phone numbers.

<u>Previous Address</u>	<u>Landlord</u>	<u>Phone Number</u>	<u>May we Contact</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If No, Please explain.

Background Check:

In an effort to maintain a safe and appealing community for all of our residents, Milton Mobile Home Co-Op, requires a background check on all new potential residents. Once this application is complete please mail to:

FIRST CHOICE PROPERTY MANAGEMENT
48 HAMLET AVE.
WOONSOCKET, R.I. 02985

Enclose fees as described
PRIMARY HOME OWNER (S) -\$ 54.00 EACH
ALL ADDITIONAL ADULTS OVER 18 - \$39.00

Certification/Consent:

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purpose of income and asset verification related to my/our application for tenancy as well as a credit and criminal background check.

Applicant

Date

Co-Applicant

Date