

Property Name

Sales Office

Property Address

Office #: (XXX) xxx-xxxx

Application Processing Fee: The processing fee is \$20.25 per applicant and must be paid for by money order only, and made payable to (Property Name) Once completed please return to the Sales Office at (Property Address) for processing. Management will contact you within 24 to 48 hours with a decision regarding the application.

In order for us to process an application you must bring in proof of the items listed below. We will be happy to make copies for you.

Non-Leaseholders: It is our policy to run pedophile and criminal background checks on all occupants 18 and older.

Lease Term: The lease term is 12 months or more. All Leases end March 31st each year. By law you will receive a 12-month lease or longer depending on the time frame of the house closing date.

YOU MUST FILL OUT ALL OF THE QUESTIONS UNDER EACH CATEGORY ON THE ENTIRE APPLICATION. APPLICATIONS ARE ONLY GOOD FOR 90 DAYS.

Items Needed

1. Copies of your three paystubs, or three bank statements showing monthly direct deposits.
2. Copies of Social Security Award letters, DSS, or RHA budget sheets if applicable.
3. Show identification: you will need to bring your Driver's License or State ID, and Social Security cards to show proof of identity for those applying. All individuals 18 and over must be present and show proof of I.D. before a Park Application can be ran. (Other acceptable forms are a Passport or Tax Return).

Thank you for your cooperation with this process.

Thank you

(Property Manager Name)

Property Manager

KDM Development Corp

Property Name

1080 Pittsford-Victor Rd., Ste 202

Pittsford, New York 14534

(585)381-0570

(585)-381-0313

APPLICATION FOR RESIDENCY

Proposed Lot: _____

Proposed Move In Date: _____

Applicant #1

Applicant #2

Name: _____

Name: _____

Present Address: _____

Present Address: _____

Social Security #: _____

Social Security #: _____

Date of Birth: _____

Date of Birth: _____

Phone #: _____

Phone #: _____

Email Address: _____

Email Address: _____

Present Employer: _____

Present Employer: _____

Job Title: _____

Job Title: _____

Work Phone : _____

Work Phone : _____

Monthly Income: _____

Monthly Income: _____

Proposed Residents:

Name: _____

D.O.B. _____

Relationship: _____

Name: _____

D.O.B. _____

Relationship: _____

Name: _____

D.O.B. _____

Relationship: _____

Name: _____

D.O.B. _____

Relationship: _____

Emergency Contact:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

2 Pets Per Home: Feline / Canine Breed: _____ Vet Paperwork: _____ License: _____ Photo: _____

Feline / Canine Breed: _____ Vet Paperwork: _____ License: _____ Photo: _____

Vehicles:

Make _____ Model _____ Year: _____

Make _____ Model _____ Year: _____

Were you referred to us by a current resident? If so, who:

Name: _____ Lot#: _____

Mobile Home: **Make:** _____ **Model:** _____ **Year:** _____ **Size:** _____

Lien Holder/Mortgage on Mobile Home: _____

Credit References: _____

Current Landlord: _____ **Phone #:** _____

I do hereby give permission for any credit verification needed and use of any information contained herein to obtain a report of credit history.

Applicant Signature

Date

Applicant Signature

Date

KDM Development

1080 Pittsford Victor Rd.
 Suite 202
 Pittsford, New York 14534
 Phone: 585-381-0570

Tenant Report Request**PARK:** _____**PROPOSED LOT:** _____**PHONE NUMBER:** _____**APPLICANT INFORMATION:** (Please print all information, if applicable)**TENANT LAST NAME:** _____ **FIRST:** _____ **M.I.** _____ **MAIDEN:** _____**CO-TENANT LAST NAME:** _____ **FIRST:** _____ **M.I.:** _____ **MAIDEN:** _____**CURRENT ADDRESS(Tenant):**

Street Address	City	State	Zip
----------------	------	-------	-----

PREVIOUS ADDRESS(Tenant):

Street Address	City	State	Zip
----------------	------	-------	-----

CURRENT ADDRESS(Co-Tenant):

Street Address	City	State	Zip
----------------	------	-------	-----

PREVIOUS ADDRESS(Co-Tenant):

Street Address	City	State	Zip
----------------	------	-------	-----

SOCIAL SECURITY #(Tenant): _____ **MALE:** _____ **FEMALE:** _____**TIN # (Tenant):** _____ **MALE:** _____ **FEMALE:** _____**SOCIAL SECURITY #(Co-Tenant):** _____ **MALE:** _____ **FEMALE:** _____**TIN # (Co-Tenant):** _____ **MALE:** _____ **FEMALE:** _____**PERSPECTIVE RESIDENT INQUIRY RELEASE AUTHORIZATION**

In connection with my application for residency, I understand that background inquiries may be made on those listed in this request including credit, criminal and other reports. These reports may include information as to my character, credit worthiness, employment status, and general reputation. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past credit, criminal, civil, criminal, civil and other activities.

Without reservation, I authorize any party or agency contacted by this lessor or agent, designated in this release, to furnish the above mentioned information.

TENANT SIGNATURE: _____ **DATE OF BIRTH:** _____**CO TENANT SIGNATURE:** _____ **DATE OF BIRTH:** _____**REPORT(S) REQUESTED BY LESSOR (Please check the appropriate information)****Tenant** Criminal Report, County

State: _____

County: _____

 Felony Felony and MisdemeanorDo you want the maiden name searched? Yes No
(Maiden name search will incur additional charges) Criminal Record Search State of _____**Co-Tenant** Criminal Report, County

State: _____

County: _____

 Felony Felony and MisdemeanorDo you want the maiden name searched? Yes No
(Maiden name search will incur additional charges) Criminal Record Search State of _____**NOTE: Each record will be charged separately**