

RENTAL APPLICATION FOR

Fee \$10

Forest Oaks MHC, LLC d/b/a Forest Oaks Village

A BLANK COPY OF THE CURRENT **LEASE FORM AND RULES APPLICABLE TO THE COMMUNITY** ARE at www.forestoaksvillage.com/forms/

Application Fee is \$35.00/adult, which is collected by smartmove.com via credit card + \$10 to office.

If you concerns that you will not qualify, consult property manager before spending time and money on this process.

(If not enough space available for answering questions, the last page of this form may be used)
The [PDF version](#) of this form may be neatly filled out on your PC using free programs, such as, [FoxIt PDF Reader](#).

Prospective Lessee's Information

| |
|---|
| Full Name (as shown on driver's license or other I D): _____ |
| Current address: _____ |
| <input type="checkbox"/> Rental Property Leased by you <input type="checkbox"/> Family / Friend <input type="checkbox"/> Roommate/Shared <input type="checkbox"/> Other _____ |
| Primary Phone # (____) _____ <input type="checkbox"/> Cellular/Mobile Provider _____ <input type="checkbox"/> Landline |
| Primary email (<i>Req'd for SmartMove Check</i>) _____ |
| Do you have a secondary address that we should use or be aware of? <input type="checkbox"/> No <input type="checkbox"/> Yes, (Fill in below) |
| Address: _____ |
| <input type="checkbox"/> Mailing/POB Address <input type="checkbox"/> Supporting Family/Friend <input type="checkbox"/> Secondary/Primary Residence |
| <input type="checkbox"/> Previous Rental Address <input type="checkbox"/> Other _____ |
| * <i>You must supply all residential mailing addresses used for bills in the previous 1 year. Add on last page</i> |

| |
|--|
| Current monthly rent: \$ ____ / ____ Date moved in ____ / ____ / ____ |
| Owner/Manager: _____ Phone #:(____) _____ |
| Reason for moving from current address: _____ |

| |
|---|
| Previous Rental: Owner/Manager _____ |
| Date moved in: ____ / ____ / ____ -> ____ / ____ / ____ Phone #:(____) _____ |
| Reason for moving: _____ |

| |
|---|
| Social Security # _____ Driver's License # _____ State: _____ |
| Marital Status: _____ Birth date: ____ / ____ / ____ |

| |
|---|
| Present Employer: _____ |
| Address or website: _____ |
| How long employed: _____ Supervisor's name: _____ |
| Monthly income was over: \$ _____ Supervisor's phone #:(____) _____ |

| |
|---|
| Previous Employer (if present employment less than 1 year): _____ |
| Address: _____ |
| How long employed: _____ Monthly income was over: \$ _____ |
| Business Phone: (____) _____ Owner Manager's Phone #:(____) _____ |

Prospective Co-Lessee's and/or Additional Adult Resident Information

Full Name (as shown on driver's license or other I D): _____

Current address: _____

Rental Property Leased by you Family / Friend Roommate/Shared Other _____

Primary Phone # (____) _____ Cellular/Mobile Landline Business/Work Line

Primary email (Req'd for SmartMove Check) _____

Do you have a secondary address that we should use or be aware of? No Yes, (Fill in below)

Address: _____

Mailing/POB Address Supporting Family/Friend Secondary/Primary Residence

Previous Rental Address Other _____

Each co-resident and each occupant over the age of 18 must submit a separate application page like this one.

Current monthly rent: \$ ____ / ____ Date moved in ____ / ____ / ____ *Enter "Same" if the case

Owner/Manager: _____ Phone #:(____) _____

Reason for moving from current address: _____

Previous Rental: Owner/Manager _____

Date moved in: ____ / ____ / ____ -> ____ / ____ / ____ Phone #:(____) _____

Reason for moving: _____

Social Security # _____ Driver's License # _____ State: _____

Marital Status: _____ Birth date: ____ / ____ / ____

Present Employer: _____

Address: _____

How long employed: _____ Supervisor's name: _____

Monthly income was over: \$ _____ Supervisor's phone #:(____) _____

Previous Employer (if present employment less than 1 year): _____

Address: _____

How long employed: _____ Monthly income was over: \$ _____

Business Phone: (____) _____ Owner Manager's Phone #:(____) _____

- *Copy of Government ID taken as proof of identity and citizenship.*

Additional Adult Occupant's Information

Use another copy of this page for additional adult occupants/residents.

Additional Occupants / Residents (under 18 years old)

Please Note: All Occupants Must Be Listed On The Lease In Order To Be Authorized To Reside In The Community. Having Unauthorized Occupants for over 7 nights will be a violation of the lease and rules.

| | | |
|-------------|----------------------------|---|
| Name: _____ | Birth date: ____/____/____ | <input type="checkbox"/> Driving Vehicle |
| Sex: _____ | Relationship: _____ | Phone#:(____) _____ <input type="checkbox"/> Cellular |

| | | |
|-------------|----------------------------|---|
| Name: _____ | Birth date: ____/____/____ | <input type="checkbox"/> Driving Vehicle |
| Sex: _____ | Relationship: _____ | Phone#:(____) _____ <input type="checkbox"/> Cellular |

| | | |
|-------------|----------------------------|---|
| Name: _____ | Birth date: ____/____/____ | <input type="checkbox"/> Driving Vehicle |
| Sex: _____ | Relationship: _____ | Phone#:(____) _____ <input type="checkbox"/> Cellular |

Vehicles & Pets

| Year / Make / Model | Color | License | State | Current? * |
|---------------------|-------|---------|-------|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

* Are the plates, insurance and inspections current and up-to-date?

| Pet Type & Breed | Age | Name | Color | Shots / Tags? ∞ | Fixed? ** |
|------------------|-----|------|-------|---|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |

** Spayed or Neutered ∞ Rabies vaccination & collars with ID tags

Credit & Criminal History

| |
|---|
| Bank's Name: _____ |
| <p>Have you, your spouse, or any occupant listed above ever <input type="checkbox"/> been evicted or asked to move out? <input type="checkbox"/> broken a rental agreement or lease contract? <input type="checkbox"/> declared bankruptcy? <input type="checkbox"/> been sued for nonpayment of rent? <input type="checkbox"/> been convicted of a felony? <input type="checkbox"/> on parole or probation for any offense? Please explain if you check any of the above. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |

Home/RV Information (If bringing in your own unit)

Name and address of legal owner of unit: _____

Is your unit financed? Yes No Monthly payments: \$ _____

Name and address of lienholder: _____

If new, retailer name, address, salesperson & phone: _____

Year / Make / Model of unit: _____ Size ____ ' x ____ ' _____

What type air conditioner? central/roof window other (explain) _____

Is your unit all electric? or is your unit gas and electric?

Is your roof shingled latex/vynil or metal

What type sides does your unit have? Metal vinyl hardboard fiberglass/gel coat? _____

Emergency Contact Information

Name: _____ Relationship: _____

Home Address _____ Phone#:(____) _____ Cell Landline

Work Address _____ Phone#:(____) _____ Cell Landline

Name: _____ Relationship: _____

Home Address _____ Phone#:(____) _____ Cell Landline

Work Address _____ Phone#:(____) _____ Cell Landline

How Did You Hear of Our Community? ++

List Any One You Know in Our Community

FOREST OAKS VILLAGE
MANUFACTURED HOME COMMUNITY
724 W FM1626, Austin, Texas 78748
www.forestoaksvillage.com 512-282-7188

"A quality, quiet, comfortable living community"

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I, the undersigned, authorize and direct any Individual, Business, Organization, Federal, State, or Local Agency to release and/or verify any information which is deemed necessary in connection with the processing of my/our application for residency at Forest Oaks Village Mobile Home Community, in Texas.

INFORMATION COVERED

I understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:

- ◆ Identity
- ◆ Credit and Criminal Activity
- ◆ Residences and Rental Activity
- ◆ Employment

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release/verify the above information include but are not limited to:

- ◆ Courts & Post Offices
- ◆ Law Enforcement Agencies
- ◆ Utility Companies
- ◆ Credit Providers & Credit Bureau
- ◆ Employer
- ◆ Financial Institutions
- ◆ Previous Landlords (Including Public Housing Agencies)

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURE

_____/_____/_____
(Signature) (Print Name) Date

_____/_____/_____
(Signature) (Print Name) Date

_____/_____/_____
(Signature) (Print Name) Date