

# RENTAL APPLICATION FOR

## 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 PROVIDED TO EACH APPLICANT WITH THIS APPLICATION

**Application Fee is \$40/adult, which is collected by MySmartMove.com via credit card.**

*If you are concerned 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.*

### Lessee's Information

Current Resident's Name \_\_\_\_\_ Lot # \_\_\_\_\_

### 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 Provider (for Emergency SMS) \_\_\_\_\_  
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 #:( \_\_\_\_ ) \_\_\_\_\_

**Vehicles & Pets**

Year / Make / Model	Color	License	State	Current? *
				<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

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

**Credit & Criminal History**

*Be sure to read the Village Rules! You will be asked to abide by them and add your signature!*

Have you, your spouse, or any occupant listed above ever  been evicted or asked to move out?  broken a rental agreement or lease contract?  declared bankruptcy?  been sued for nonpayment of rent?  been convicted of a felony?  on parole or probation for any offense? Please explain if you check any of the above. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Address \_\_\_\_\_ Phone#:( \_\_\_\_ ) \_\_\_\_\_  Cell  Landline  
 Work Address \_\_\_\_\_ Phone#:( \_\_\_\_ ) \_\_\_\_\_  Cell  Landline

How did you learn of this opportunity? **++**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I applicant hereby represent that all of the above statements and information furnished are true and correct and authorizes verification of such. Each Applicant acknowledges, understands and agrees that false information shall constitute grounds for rejection of this application.

Applicant hereby authorizes any creditor or former landlord to release relevant data to Lessor regarding this Application.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

Application was received by **Forest Oaks Village** at \_\_\_\_ o'clock on \_\_\_\_/\_\_\_\_/\_\_\_\_ ,  
This application is approved as of \_\_\_\_/\_\_\_\_/\_\_\_\_ and shall become a part of the lease agreement between the parties hereto.

\_\_\_\_\_  
Palmer Stevens, Property Manager

Space for Continuing Answers

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**FOREST OAKS VILLAGE**  
**MANUFACTURED HOME COMMUNITY**  
724 W FM1626, Austin, Texas 78748  
[www.forestoaksvillage.com](http://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
- ◆ Residences and Rental Activity
- ◆ Credit and Criminal 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
- ◆ Utility Companies
- ◆ Employer
- ◆ Previous Landlords (Including Public Housing Agencies)
- ◆ Law Enforcement Agencies
- ◆ Credit Providers & Credit Bureau
- ◆ Financial Institutions

**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