

# RENTAL APPLICATION FOR

Fee \$40pp

## 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/](http://www.forestoaksvillage.com/forms/)

**Application Fee is \$40.00/adult, which is collected by [mysmartmove.com](http://mysmartmove.com) via credit card.**

*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 background 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 1.5 years): _____
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.*
- *We DO check references!*
- *A copy of your background/credit check report – emailed upon request.*

### 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: \$ \_\_\_\_\_ Insured?  Yes  No

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](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
- ◆ 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