

Instructions On How to Complete Paperless Application

1. To apply without having to print anything follow these steps:
2. Make sure you have the latest version of Adobe Reader (its free at this link:Adobe Reader)
3. Open your download folder and find the Instructions_rental_application.pdf
4. Right Click the file and go to Open With your Adobe Reader DC(its free at this link:Adobe Reader)
5. Make sure you have the file menu option in the upper left hand corner
6. Fill out and save file as with your Last Name and date
7. Attach to an email
8. Send to oakforestmhp@gmail.com

RENTAL APPLICATION FOR OAK FOREST MOBILE HOME PARK
301 Krenak Tap Road
College Station, TX 77840

**A BLANK COPY OF THE CURRENT LEASE FORM AND RULES
APPLICABLE TO THE COMMUNITY ARE PROVIDED TO EACH
APPLICANT WITH THIS APPLICATION**

Prospective Lot Number _____

Prospective Resident's Information

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

Current Address: _____

Home Phone #: () _____

Would you have a secondary address for notice that would be your primary resident other than in this Community? ____ Yes ____ No. If yes, please provide your primary resident address during the proposed lease in the Community: _____

MUST HAVE PICTURE I. D.

Currently Monthly Rent: _____

Owner/Manager of current rental: _____

Owner/Manager Phone #: () _____ Date Moved In: _____

Reason for moving from current address: _____

Previous Address: _____

Owner/Manager of previous rental: _____

Owner/Manager Phone #: () _____ Date Moved In: _____

Date Moved Out: _____ Reason for moving: _____

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

Marital Status: _____ Birth date: _____

Email Address: _____

Employment:

Name of Present Employer: _____
Address of Present Employer: _____
Work Phone #: () _____ How long Employed: _____
Monthly income is over: \$ _____ Supervisor's name: _____
Supervisor's Phone #: _____
Previous Employer (if present employment less than (1) one year): _____
Address: _____
Work Phone #: () _____ Monthly income was over: \$ _____
How long employed: _____ Supervisor's name: _____
Supervisor's phone #: _____

Co-Applicant Information

Full Name (as shown on driver's license or other ID): _____
Current Address: _____
Home Phone #: () _____ Currently Monthly Rent: _____
Owner/Manager of current rental: _____
Owner/Manager Phone #: () _____ Date Moved In: _____
Reason for moving from current address: _____
Previous Address: _____
Owner/Manager of previous rental: _____
Owner/Manager Phone #: () _____ Date Moved In: _____
Date Moved Out: _____ Reason for moving: _____
Driver's License # and State: _____ Social Security #: _____
Marital Status: _____ Birth date: _____
Email Address: _____

Employment:

Name of Present Employer: _____
Address of Present Employer: _____
Work Phone #: () _____ How long Employed: _____
Monthly income is over: \$ _____ Supervisor's name: _____
Supervisor's Phone #: _____
Previous Employer (if present employment less than (1) one year): _____
Address: _____
Work Phone #: () _____ Monthly income was over: \$ _____
How long employed: _____ Supervisor's name: _____

Occupants Residing in House

Full Name (as shown on driver’s license or other ID): _____
Date of Birth: _____ Driver’s License # and State: _____
Social Security #: _____ Sex: _____ Relationship: _____
Full Name (as shown on driver’s license or other ID): _____
Date of Birth: _____ Driver’s License # and State: _____
Social Security #: _____ Sex: _____ Relationship: _____
Full Name (as shown on driver’s license or other ID): _____
Date of Birth: _____ Driver’s License # and State: _____
Social Security #: _____ Sex: _____ Relationship: _____
Full Name (as shown on driver’s license or other ID): _____
Date of Birth: _____ Driver’s License # and State: _____
Social Security #: _____ Sex: _____ Relationship: _____

Vehicle Information

List all vehicles (Motorcycles, boats, and trailers, etc.) Must be parked in your numbered spaces.

ONLY TWO (2) VEHICLES ARE ALLOWED IN YOUR NUMBERED SPACES AT ONE TIME.

Vehicle Make & Color: _____ Year: _____
License Plate # & State: _____ Owner’s Name: _____
Vehicle Make & Color: _____ Year: _____
License Plate # & State: _____ Owner’s Name: _____
Vehicle Make & Color: _____ Year: _____
License Plate # & State: _____ Owner’s Name: _____
Vehicle Make & Color: _____ Year: _____
License Plate # & State: _____ Owner’s Name: _____

Credit/Criminal History

Bank Name: _____ City/State: _____

Have you or any occupant listed ever been:

*evicted or asked to move out? Yes No
*broken rental agreement or lease contract? Yes No
*declared bankruptcy? Yes No

*been sued for nonpayment of rent?	Yes	No
*been charged with a felony or misdemeanor?	Yes	No
*been convicted of a felony or misdemeanor?	Yes	No
*been (or now) on parole or probation for any offense?	Yes	No

If yes to any of above, please explain: _____

Pet Information

Will you or any occupant have a pet? Yes No
 If so, how many and what kind (dog, cat, bird, reptile, etc.) _____

NO EXOTIC PETS ALLOWED.

Please indicate weight, breed, sex, and age of each pet: (proof required) _____

WEIGHT LIMIT NOT TO EXCEED THIRTY FIVE (35) POUNDS WHEN FULL GROWN.

Please indicate if the animal(s) have been spayed or neutered and the date of its last rabies vaccination: _____

Manufactured Home Information

Name of legal owner of home: _____

Address of legal owner: _____

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

Name of the lien holder: _____

Address of lien holder: _____ City: _____ State: _____

Zip: _____ Phone #: () _____

Name and address of retailer or individual who sold you your home: _____

Make of home: _____ Year: _____

Size(including hitch): _____ Serial #: _____

HUD #: _____

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

Is your home all electric? Yes No

Or is it electric and gas: Yes No

What type of siding does your home have: metal vinyl hardboard

Type of electrical service required: 100 AMP or 200 AMP

Emergency Information

Name of emergency contact: _____

Relationship of contact: _____

Office address of emergency contact: _____

City and State: _____ Office phone #: _____

Home address of emergency contact: _____

City and State: _____ Home phone #: _____

How Did You Hear of Our Community?

List Anyone You Know in Our Community

ACKNOWLEDGEMENT: Each applicant (Lessee) hereby represents that all of the above statements and information furnished is 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 or termination of any lease agreement.

Applicant(s) hereby authorize any creditor, current or former Landlord, or employer to release relevant data to Lessor or any consumer-reporting agency regarding this application.

Applicant's Initials

Applicant's Signature

Date

Co-Applicant's Initials

Co-Applicant's Signature

Date

Application was received by Lessor Community at _____ o'clock on the date of _____. This application is approved as of _____ and shall become a part of the lease agreement between the parties hereto.

OAK FOREST MOBILE HOME PARK

(Name of community)

(Authorized signature)

(Title)