

Kearney Lodge



6460 Convoy Court San Diego, CA 92117 858.277.6060/ph 858.277.7661/f

APPLICATION FOR RESIDENCY

(Each adult 18 years or older must fill out an Application for Residency OR an Application for Additional Occupant.)

DATE: _____ REGARDING SPACE #: _____ TOTAL # PEOPLE IN HOME: _____

APPLICANT INFORMATION:

FULL NAME OF APPLICANT: _____

FORMER NAME, IF ANY, OF APPLICANT: _____

CURRENT APPLICANT PHONE #: _____ APPLICANT EMAIL: _____

APPLICANT SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE STATE: _____ DRIVER'S LICENSE #: _____

CURRENT ADDRESS OF APPLICANT: _____

DATES OF RESIDENCY: _____ RENTAL/MORTGAGE AMOUNT: _____

LANDLORD NAME: _____ LANDLORD PHONE #: _____

PREVIOUS ADDRESS OF APPLICANT (where you lived before): _____

DATES OF RESIDENCY: _____ RENTAL/MORTGAGE AMOUNT: _____

LANDLORD NAME: _____ LANDLORD PHONE #: _____

2ND PREVIOUS ADDRESS OF APPLICANT (where you lived before that): _____

DATES OF RESIDENCY: _____ RENTAL/MORTGAGE AMOUNT: _____

LANDLORD NAME: _____ LANDLORD PHONE #: _____

ADDITIONAL MINOR OCCUPANTS (Please list all MINORS who will be sharing the home. Only those under 18 should be listed in this section. Anyone over 18 must fill out an Application for Additional Occupant OR and Application for Residency). If you need additional space, please print out another copy of this page.):

FULL NAME OF OCCUPANT: _____

FORMER NAME, IF ANY, OF OCCUPANT: _____

RELATIONSHIP TO APPLICANT: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

CURRENT PHONE #: _____ EMAIL: _____

CURRENT ADDRESS OF OCCUPANT: _____

FULL NAME OF OCCUPANT: _____

FORMER NAME, IF ANY, OF OCCUPANT: _____

RELATIONSHIP TO APPLICANT: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

CURRENT PHONE #: _____ EMAIL: _____

CURRENT ADDRESS OF OCCUPANT: _____

FULL NAME OF OCCUPANT: _____

FORMER NAME, IF ANY, OF OCCUPANT: _____

RELATIONSHIP TO APPLICANT: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

CURRENT PHONE #: _____ EMAIL: _____

CURRENT ADDRESS OF OCCUPANT: _____

FULL NAME OF OCCUPANT: _____

FORMER NAME, IF ANY, OF OCCUPANT: _____

RELATIONSHIP TO APPLICANT: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

CURRENT PHONE #: _____ EMAIL: _____

CURRENT ADDRESS OF OCCUPANT: _____

APPLICANT INCOME INFORMATION:

EMPLOYER NAME: _____ PHONE #: _____

EMPLOYER ADDRESS: _____

LENGTH OF EMPLOYMENT: _____ POSITION: _____

MONTHLY INCOME AMOUNT (PLS ATTACH 2 MONTHS OF MOST RECENT PAY STUBS OR CHECK COPIES) : _____

ADDITIONAL EMPLOYER NAME: _____ PHONE #: _____

EMPLOYER ADDRESS: _____

LENGTH OF EMPLOYMENT: _____ POSITION: _____

MONTHLY INCOME AMOUNT (PLS ATTACH 2 MONTHS OF MOST RECENT PAY STUBS OR CHECK COPIES) : _____

SOCIAL SECURITY INCOME (PLS. ATTACH AWARD LETTER/CURRENT 2 MONTHS OF PAYMENT STUBS): _____

SOCIAL SECURITY DISABILITY INCOME (PLS. ATTACH AWARD LETTER/ CURRENT 2 MONTHS OF PAYMENT STUBS): _____

ADDITIONAL INCOME AMOUNT (REGULAR DISBURSEMENT FROM INVESTMENTS, TRUST, SELF EMPLOYMENT, ETC. PLS. ATTACH COPIES) _____

NET WORTH STATEMENT (Please fill out each box with the requested information. Use reverse for additional information):

ASSETS		DOLLAR AMOUNT	LIABILITIES		DOLLAR AMOUNT
CHECKING	BANK NAME		PERSONAL LOANS	TO WHOM:	
SAVINGS	BANK NAME		OTHER LOANS	MOBILEHOME LOANS	
STOCKS				MORTGAGE LOANS	
BONDS				AUTO LOANS	
MUTUAL FUNDS				SUPPLIER LOANS	
RETIREMENT FUNDS				OTHER LOANS	

ASSETS		DOLLAR AMOUNT	LIABILITIES		DOLLAR AMOUNT
LIFE INSURANCE	CASH SURRENDER VALUE		TAXES UNPAID	UNPAID PROPERTY TAXES	
REAL ESTATE	APPRAISED VALUE			UNPAID INCOME TAXES	
	MORTGAGE TERM LEFT IN # OF MONTHS _____			OTHER	
	YEARLY RENT RECEIVED		CREDIT CARD DEBT	CREDITORS COMBINED	
REAL ESTATE	APPRAISED VALUE				
	MORTGAGE AMOUNT OWED		OTHER LIABILITIES	PLS. LIST:	
	YEARLY RENT RECEIVED				
PERSONAL PROPERTY	VEHICLES (COMBINED)			TOTAL LIABILITIES	
	OTHER VEHICLES (RV'S BOATS, ETC.)				
	HOUSEHOLD ITEMS				
	OTHER ITEMS			TOTAL ASSETS	
ADDITIONAL ASSETS	PLS. LIST:			TOTAL LIABILITIES	
	TOTAL ASSETS			NET WORTH	

REFERENCES:

BUSINESS NAME: _____ CITY _____ PHONE #: _____

BUSINESS NAME: _____ CITY _____ PHONE #: _____

PERSONAL NAME: _____ CITY _____ PHONE #: _____

PERSONAL NAME: _____ CITY _____ PHONE #: _____

HOUSEHOLD VEHICLES (Please list vehicle information for all people living in the home. Use reverse for additional vehicles):

TOTAL # OF VEHICLES: _____ BOATS/RV? _____

MAKE: _____ MODEL: _____ YEAR: _____

LICENSE #: _____ STATE: _____ COLOR: _____

MAKE: _____ MODEL: _____ YEAR: _____

LICENSE #: _____ STATE: _____ COLOR: _____

MAKE: _____ MODEL: _____ YEAR: _____

LICENSE #: _____ STATE: _____ COLOR: _____

MAKE: _____ MODEL: _____ YEAR: _____

LICENSE #: _____ STATE: _____ COLOR: _____

PETS (Please use reverse for additional pets):

DOG'S NAME: _____ AGE: _____ DESCRIPTION: _____

COLOR: _____ HEIGHT (IN INCHES-FLOOR TO TOP OF SHOULDER): _____ CHIPPED? __Y__N

DOG'S NAME: _____ AGE: _____ DESCRIPTION: _____

COLOR: _____ HEIGHT (IN INCHES-FLOOR TO TOP OF SHOULDER): _____ CHIPPED? __Y__N

CAT'S NAME: _____ AGE: _____ DESCRIPTION: _____

COLOR: _____ CHIPPED? __Y__N

CAT'S NAME: _____ AGE: _____ DESCRIPTION: _____

COLOR: _____ CHIPPED? __Y__N

OTHER PETS' NAME: _____ AGE: _____ DESCRIPTION: _____

COLOR: _____ CHIPPED? __Y__N

EMERGENCY CONTACT INFORMATION (contacts outside of the home):

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE #: _____

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE #: _____

VET ER NAME: _____

PHONE #: _____

VET ADDRESS: _____

EVICTIION/TERMINATION OF TENANCY:

HAVE YOU EVER BEEN ASKED TO TERMINATE YOUR RESIDENCY OR BEEN EVICTED FROM ANY PREVIOUS RESIDENCE?

_____ YES _____ NO IF YES, PLEASE EXPLAIN _____

CONVICTIONS:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ YES _____ NO IF YES, PLEASE EXPLAIN _____

ADDITIONAL INFORMATION (Please use this for additional information you wish to submit with your application):

APPLICANT AUTHORIZATION:

THE UNDERSIGNED REQUESTS THE MANAGEMENT TO CHECK THE ABOVE CREDIT REFERENCES AND ALL REPRESENTATIONS. THE UNDERSIGNED ACKNOWLEDGES THAT IN THE EVENT A RENTAL AGREEMENT IS EXECUTED BY BOTH THE MANAGEMENT AND THE UNDERSIGNED, IT IS SUBJECT TO APPROVAL BY THE MANAGEMENT.

THE UNDERSIGNED WARRANTS AND REPRESENTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND HAS BEEN MADE FOR THE PURPOSE OF INFORMING THE MANAGEMENT OF THE PARK. THE MANAGEMENT HAS PERMISSION TO VERIFY ANY AND ALL INFORMATION OFFERED ON THIS APPLICATION. IN THE EVENT OF ANY MISREPRESENTATION BY APPLICANT, MANAGEMENT WILL HAVE GROUNDS TO CANCEL ANY AGREEMENT ENTERED IN RELIANCE UPON THE MISREPRESENTATION.

AUTHORIZATION IS HEREBY GRANTED TO KEARNEY LODGE MANAGEMENT TO OBTAIN INFORMATION REGARDING ORDERING A CREDIT REPORT, EMPLOYMENT, SAVINGS AND/OR CHECKING ACCOUNT, AND/OR OUTSTANDING CREDIT (MORTGAGE, AUTO, PERSONAL, SUPPLIERS, CHARGE CARDS, CREDIT UNIONS, ETC.), AS WELL AS GRANTING INFORMATION REGARDING PREVIOUS TENANCY AND/OR EVICTIONS. AUTHORIZATION IS FURTHER GRANTED TO USE A PHOTOSTAT COPY OF MY SIGNATURE TO OBTAIN INFORMATION REGARDING THE AFOREMENTIONED ITEMS.

I UNDERSTAND AND ACKNOWLEDGE THAT THIS APPLICATION FOR TENANCY IS BEING ACCEPTED BY KEARNEY LODGE MOBILE HOME PARK BASED SOLELY ON MY APPLICATION AND QUALIFICATIONS AND NONE OTHER. I REPRESENT TO KEARNEY LODGE MOBILE HOME PARK THAT THIS HOME SITE IS AND WILL BE MY PRIMARY PLACE OF RESIDENCY. I FURTHER ACKNOWLEDGE THAT NO PERSON, WHETHER LISTED ON THIS APPLICATION AND/OR LEASE AS AN ADDITIONAL OCCUPANT OR NOT, WILL RESIDE IN THIS MOBILE HOME WITHOUT MY PRESENCE.

DATED: _____

APPLICANT NAME (PRINTED) _____

APPLICANT SIGNATURE _____

PLEASE PROVIDE THE FOLLOWING:

_____ PROOF OF INCOME (2 MOST RECENT MONTHS)

_____ PHOTOCOPY OF DRIVER'S LICENSE OR ID

_____ PHOTOCOPY OF SOCIAL SECURITY CARD

_____ SIGNATORY PAGE OF KEARNEY LODGE RULES AND REGULATIONS

KEARNEY LODGE RULES AND REGULATIONS SIGNATORY PAGE

(please return with your completed application)

The above rules and regulations and all separate rules and regulations whether published or posted in Community facilities are by this reference incorporated into the Rental or Lease Agreement that governs the tenancy in the subject property.

HOMEOWNER, BY SIGNATURE BELOW, ACKNOWLEDGES THAT HE/SHE HAS READ THE ABOVE RULES AND REGULATIONS AND AGREES TO ABIDE BY THE SAME DURING HIS/HER RESIDENCY IN THE COMMUNITY. THESE RULES AND REGULATIONS MAY BE CHANGED ACCORDING TO THE PROVISIONS OF THE MOBILEHOME RESIDENCY LAW. HOMEOWNER FURTHER ACKNOWLEDGES HAVING RECEIVED A COPY THEREOF.

DATE:

SPACE NUMBER *(if applicable)*:

APPLICANT: