



Pebble Springs MHC Application - CONFIDENTIAL

1st Applicant's Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone (CELL) _____ (LAND) _____

Driver's License # and State _____

Social Security # _____

Employer _____

Phone _____

Address _____

How long employed? _____

2nd Applicant's Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone (CELL) _____ (LAND) _____

Driver's License # and State _____

Social Security # _____

Employer _____

Phone _____

Address _____

How long employed? _____

RENTAL HISTORY

(1) Name _____

Address _____

Phone _____

(2) Name _____

Address _____

Phone _____

(3) Name _____

Address _____

Phone _____

CREDIT REFERENCES

(1) Name _____

Acc't # _____

Address _____

Phone _____

(2) Name _____

Acc't # _____

Address _____

Phone _____

Name _____

(3) Acc't # _____

Address _____

Phone _____

WHEN BRINGING IN YOUR OWN HOME

Mobile Home Make _____

Year _____

Serial # _____

Size _____

Color _____

Roof Type _____

Financed by

Name _____

Acc't # _____

Address _____

Phone _____

AUTOMOBILE

Vehicle 1: Type _____

Year _____

Make _____

License # _____

Vehicle 2: Type _____

Year _____

Make _____

License # _____

PETS: Do you have pets? Yes ____ No ____ . If yes, how many and how large _____

WHO REFERRED YOU TO OUR COMMUNITY

Name _____

Address _____

Phone _____ Email _____

1. Applicants must provide a criminal background check from their current home state at the time of the application. A criminal background may be ground for rejection of this application. Homes are limited to three (3) persons.
2. A non-refundable application fee of thirty-five (\$35) dollars per tenant is due at the time of application.
3. I have read and understand this application and the information I have provided is true and accurate. I have also read all PSMHC **RULES AND REGULATIONS** and agree to all.
4. My signature /or / Personal Email Address below authorizes PSMHC to acquire a credit history report of my person. (PSMHC may reject any applicant due to credit history.)

Applicant 1: Signature/Email Date

Applicant 2: Signature/Email Date