



# MHCO Form 1: Rental Application

Revised 11-2021 | This form is exclusively licensed to:

Name of Community/Park: \_\_\_\_\_

Address: \_\_\_\_\_

### FEDERAL FAIR HOUSING

Classification of this community is: All ages      55 and Older      62 and Older  
Application for Home site # \_\_\_\_\_ Date the site is needed \_\_\_\_\_

**APPLICANT(S) FULL NAME(S):** \_\_\_\_\_

Birth Date \_\_\_\_\_ SS# \_\_\_\_\_

Birth Date \_\_\_\_\_ SS# \_\_\_\_\_

**CO-APPLICANT FULL NAME:** \_\_\_\_\_

Birth Date \_\_\_\_\_ SS# \_\_\_\_\_ \*\*\*

Driver Lic#/State \_\_\_\_\_ (attach copy)

\*\*\*[Note: Most screening companies require a Social Security Number. If Landlord accepts alternative screening tools, they must be consistently applied to all applicants.]

List all other persons who will live in the home. (Provide verification of age if 55 or older or 62 and older park.)

Name \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Applicant's Present Address \_\_\_\_\_

Phone \_\_\_\_\_

Previous Address \_\_\_\_\_

(if present address less than 2 years)

Have you ever been evicted?    Yes    No    When? \_\_\_\_\_    Where? \_\_\_\_\_

Name (of Landlord) \_\_\_\_\_

Address \_\_\_\_\_    Phone \_\_\_\_\_

Reason for Eviction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



In the past \_\_\_\_\_ years (seven (7) if left blank), have you, your co-applicant, if any, or any other person whom you intend to occupy the home with you, been convicted of ANY crime (whether by guilty plea, guilty verdict, or no contest plea), including all felony, misdemeanor, DUII (alcohol or drugs) convictions? This includes any live-in persons providing assistance, companionship, and/or housecleaning or other domestic services. Yes No If "Yes" please complete MHCO Form 1A and submit it with this Application.

**EMPLOYMENT AND FINANCIAL INFORMATION**

Applicant's Present Employer \_\_\_\_\_  
Position \_\_\_\_\_  
How Long \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Gross Salary \_\_\_\_\_ Phone \_\_\_\_\_

Co-Applicant's Present Employer \_\_\_\_\_  
Address Position \_\_\_\_\_  
How Long \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Gross Salary \_\_\_\_\_ Phone \_\_\_\_\_

**APPLICANT AND CO-APPLICANT'S EMPLOYER RECORD**

Applicant's Previous Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Position \_\_\_\_\_  
Salary \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Co-Applicant's Previous Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Position \_\_\_\_\_  
Salary \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

List all other sources of household income and enough information to verify:

1. Source \_\_\_\_\_  
Amount & Frequency \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Who receives the money? Applicant, Co-Applicant or other? \_\_\_\_\_



2. Source \_\_\_\_\_  
 Amount & Frequency \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Who receives the money? Applicant, Co-Applicant or other? \_\_\_\_\_

**CREDIT REFERENCES**

Bank (Checking) \_\_\_\_\_ Branch \_\_\_\_\_  
 Checking # \_\_\_\_\_

Bank (Savings) \_\_\_\_\_ Branch \_\_\_\_\_  
 Savings # \_\_\_\_\_

Charge Accounts, Loans, Contracts, etc.:

1. \_\_\_\_\_ Address \_\_\_\_\_  
 Account # \_\_\_\_\_

2. \_\_\_\_\_ Address \_\_\_\_\_  
 Account # \_\_\_\_\_

3. \_\_\_\_\_ Address \_\_\_\_\_  
 Account # \_\_\_\_\_

4. \_\_\_\_\_ Address \_\_\_\_\_  
 Account # \_\_\_\_\_

5. \_\_\_\_\_ Address \_\_\_\_\_  
 Account # \_\_\_\_\_

**LIST ALL OUTSTANDING DEBTS**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Amount Owed \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Amount Owed \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Amount Owed \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_



4. Name \_\_\_\_\_  
Amount Owed \_\_\_\_\_

Phone \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_

5. Name \_\_\_\_\_  
Amount Owed \_\_\_\_\_

Phone \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_

In the past seven years have you ever (circle) declared bankruptcy, had a foreclosure, or repossession? Explain.

Yes No \_\_\_\_\_

**HOME AND VEHICLES**

Make and Model Home \_\_\_\_\_ Size \_\_\_\_\_

Year \_\_\_\_\_ ID# \_\_\_\_\_

Tip-out or Add-On: Left Side Right Side

Present Location \_\_\_\_\_ Power Panel Rating (amps) \_\_\_\_\_

Type of Heat \_\_\_\_\_

If Financed, Name of Lien Holder \_\_\_\_\_ Account # \_\_\_\_\_

Phone \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Sales Company or Broker \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

I am the legal owner of this manufactured home/mobile home: Yes No If no, explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all Vehicles by Makes, Models, Sizes and Years if they will be parked or stored at Community.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auto or Trucks if they will be parked or stored at Community.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Boats and RVs if they will be parked or stored at Community.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trailers if they will be parked or stored at Community.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Motorcycles if they will be parked or stored at Community.

\_\_\_\_\_  
\_\_\_\_\_

Other if they will be parked or stored at Community.

\_\_\_\_\_  
\_\_\_\_\_

Pets (with written permission/pet agreement with the community owner/manager)

Number of Pets \_\_\_\_\_

Description(s)/Type \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Size (Wt./Ht.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY INFORMATION**

Please contact the following in case of an emergency or death:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I certify that all information is correct and complete. I understand that if any information is later found to be false, it may be grounds for eviction. I authorize community management to conduct any criminal record checks or credit checks, and all other inquiries necessary for verification of this information.

I understand that community management has the right of refusal upon arrival of the manufactured home/ mobile home described in this application, if there is any misrepresentation above or if the home arrives damaged or in bad condition.

Upon receipt of notice of approval of application, I will promptly execute a written Rental/Lease Agreement with the community and provide copies of the home title, insurance, and provide verification of age if the community is a 55 and older or 62 and older park.



I, the undersigned, authorize and instruct Landlord or Management to obtain such credit reports and tenant screening reports as he/she deems necessary or prudent, and authorize and instruct any and all credit reporting agencies and tenant screening services to provide such reports to Community Management at the above address.

ORS 90.680 allows the landlord seven (7) days (or such longer period to which the landlord and prospective purchaser agree) following receipt of a complete and accurate application, within which to accept or reject it.

APPLICANT AND LANDLORD EXPRESSLY AGREE TO EXTEND SAID PERIOD FROM SEVEN (7) DAYS TO TWENTY (20) DAYS. Applicant(s)

Initial here: \_\_\_\_\_

**NOTICES TO LANDLORD:** (1) Statement of Policy, Rules and Regulations and a copy of the Rental/Lease Agreement must be presented to the Applicant prior to signing the Rental/Lease Agreement; (2) Before accepting Applicant's application and payment of screening charge, Oregon Law requires Landlord to provide Applicant with certain important information. See, MHCO Form No. 1 (Notice to Applicant); and (3) If Landlord denies an application, they must, within 14 days of the denial, provide Applicant with a written statement of one or more reasons for the denial. See, MHCO Form No. 10 (Notice of Denial)

I/we certify and affirm that the information provided above is correct and accurate to the best of our knowledge, information, and belief.

APPLICANT'S SIGNATURE \_\_\_\_\_

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

CO-APPLICANT'S SIGNATURE \_\_\_\_\_

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

Spaces Assigned \_\_\_\_\_ Move In Date: \_\_\_\_\_

Additional Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

