

PLEASE COMPLETE, SIGN ON PAGE 2, AND RETURN TO THE OFFICE FOR PROCESSING.

Application Fee: \$40.00 per person.

## Pine Acres, Inc. T/A Leisure Point Request for Mobile Home Community Site

**APPLICANT NAME:** \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Current address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Previous address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Years at current address: \_\_\_\_\_ Reason for moving: \_\_\_\_\_  
SS#: \_\_\_\_\_ Driver's License # & State: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Address: \_\_\_\_\_  
Length of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Gross monthly salary: \_\_\_\_\_ Employer's telephone #: \_\_\_\_\_  
Other income: \_\_\_\_\_ Source: \_\_\_\_\_

**Other Occupants:**

Full Name	Relationship	Date of Birth	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Current Landlord / Mortgage Information:**  Own  Condo  Residential Home  Manufactured  Rent Apartment

Have you ever been evicted? \_\_\_\_\_ Have you ever had a foreclosure or home repossessed? \_\_\_\_\_

Please provide details: \_\_\_\_\_

Name and address of *Landlord*: \_\_\_\_\_

Rental Dates: \_\_\_\_\_ Monthly Rent Amount: \_\_\_\_\_

Name and Address of *Mortgage*: \_\_\_\_\_

Mortgage Dates: From \_\_\_\_\_ to \_\_\_\_\_ Monthly Mortgage Amount: \_\_\_\_\_

**Credit References:**  Filed Bankruptcy  Outstanding Judgments  Unpaid Collections  Pending Lawsuit

Financial Reference:	Name	Address	Account Number
Bank:	_____	_____	_____
Charge Account:	_____	_____	_____
Charge Account:	_____	_____	_____

**Vehicle Information:**

Make	Model	Year	Color	License Plate Number
_____	_____	_____	_____	_____

Do you have car insurance?  Yes  No

**Pets:**  Yes  No If yes, please provide details: \_\_\_\_\_

**Golf Cart:**  Electric  Gas

In case of emergency, name, address and telephone number of **2** nearest relatives not living with you:  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been arrested or convicted for a criminal act?**  Yes  No

Do you have health insurance coverage?  Yes  No Any medical conditions we should be aware of for you or any family member?  
\_\_\_\_\_

**Manufactured / Mobile Home Information:** Is there a lien holder?  Yes  No

Year	Manufacturer	Model	Serial Number	Size
_____	_____	_____	_____	_____

Do you plan to live at Leisure Point year round?  Yes  No Seasonally?  Yes  No

## CONSUMER AUTHORIZATION TO OBTAIN CONSUMER REPORT

"I hereby authorize Pine Acres, Inc. to obtain consumer reports, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment / salary details, vehicle records, licensing records, and/or other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental lease of a residence for which application was made. I certify that all statements made in this application, including any attachments, are true and complete and are made for the purpose of securing credit information. The federal equal credit opportunity act prohibits creditors from discriminating against credit applicants on basis of sex or marital status. **I hereby expressly release Pine Acres, Inc., and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies, including without limitation various law enforcement agencies.**"

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Documentation required for processing this application:

- ☞ Copy of current driver's license or state identification card.
- ☞ Acceptable Proof of Income
  - Recent pay stubs (current month)
  - Form W-2
  - Income Tax Return if self-employed
  - Copy of SSA benefit statement or pension statement



### BOAT SLIP AGREEMENT

A non-refundable deposit of \$100.00 is required upon approval of application to hold a boat slip. The balance of the slip rental is required the first day of occupancy.

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Size: \_\_\_\_\_ Registration #: \_\_\_\_\_ State: \_\_\_\_\_

Boat Slip # \_\_\_\_\_

**I hereby have read, understand and agree to the above terms regarding the boat slip deposit.**

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