## WOODLAWN ESTATES, LLC T/A: Woodlawn Mobile Home Estates Jackson Park and Camp Meeting Ground Roads Port Deposit, MD 21904 (410) 378-2500

## APPLICANT INFORMATION SHEET

Date:			
Name of applica	nt #1:		
Name of applica	nt #2:		
	Applicant #1		Applicant#2
Address: _			
Phone:			
S.S. #:			
Driver's License #:		44	
Date of Birth: _			
Date of Birth red	quired for Criminal l	oackground chec	ck!
Names and ages	of all individuals wh	o will be living i	n the home:
1		4	
2		_	

## **Employment:** Applicant #1: Name of employer: Name of immediate supervisor: How long have you been employed with this company? Address: \_\_\_\_\_ Work Phone: \_\_\_\_ What is your monthly income? \$\_\_\_\_\_ Please submit a copy of your last two pay stubs. Applicant #2: Name of employer: Name of immediate supervisor: How long have you been employed with this company? Address: \_\_\_\_\_ Work Phone: \_\_\_\_ What is your monthly income? \$\_\_\_\_\_ Please submit a copy of your last two pay stubs. **Current and Previous Residences:** How long have you lived at your present address? Landlord's name and address:

Landlord's Phone Number:

If less than one year at your	r present address, what was your previous address?
	Name of landlord:
	Dhana
	How Long at this Address ?
Have you ever been evicted	from a rental property or left owing rent? If yes, please
explain:	
Has anyone listed on this a	pplication ever committed a criminal offense? If yes, list
	ı:
offense, and please explain	le
Please give two personal re	eferences:
, —	Phone:
Name:	Phone:
Address:	
In case of an emergency, w	whom should we contact?
Name:	Phone:
Address:	
Name:	Phone:

Do you know anyone who lives at Woodlawn Estates? If yes, please
list their names.
Do you have any pets?
Please list the size, make, model, year, serial number, number of bedrooms, and baths of your home:
baths of your nome.
Is your home financed with a lending organization?yes,no.
If the answer to the question above is yes, what is your monthly home payment?
If so, please list the name of the finance company, contact person, along with their phone number and address:
Please list the company name and agent along with their address and phone number, with whom you have or will have your homeowner's insurance:

I hereby declare that this information is true and accurate, and authorize

Woodlawn Estates, LLC to verify this information as necessary to consider me for admission to the community.

Signature of applicant(s):

Applicant #1: \_\_\_\_\_\_ Date: \_\_\_\_\_\_

Applicant #2: \_\_\_\_\_\_ Date: \_\_\_\_\_\_

(An incomplete application or unsigned application will not be processed. Any falsified or incomplete information will lead to immediate denial of this application.)