

**Horizon Land Management
Application for Residency**

- Non-Refundable Application Fee \$ 50 per applicant
- All persons residing in the home 18 years of age and older must complete an application
- Applications require 2 approved forms of ID for verification and approved proof of income

Please print clearly and complete all areas of the application to avoid processing delays

Applicant:

Lot Rental: Home Rental:
Full Name: _____
DOB: _____ SS#: _____
Present Address: _____
City: _____ State: __ Zip: _____
Length at Present Address: _____
Landlord Name: _____
Landlord Number: _____
Current Rent Amount: \$ _____

Cell Phone Number: _____
Email Address: _____
Drivers License/State Id – State Issued: _____
Identification Number: _____
Make/Model/Year Vehicle: _____
License Plate: _____ State: _____

Employer: _____
Location: _____
Years with employer: _____
Supervisor Name: _____
Supervisor Phone Number: _____
Gross Monthly Income: _____

Personal Reference: _____
Phone Number: _____
Relationship: _____

Applicant:

Lot Rental: Home Rental:
Full Name: _____
DOB: _____ SS#: _____
Present Address: _____
City: _____ State: __ Zip: _____
Length at Present Address: _____
Landlord Name: _____
Landlord Number: _____
Current Rent Amount: \$ _____

Cell Phone Number: _____
Email Address: _____
Drivers License/State Id – State Issued: _____
Identification Number: _____
Make/Model/Year Vehicle: _____
License Plate: _____ State: _____

Employer: _____
Location: _____
Years with employer: _____
Supervisor Name: _____
Supervisor Phone Number: _____
Gross Monthly Income: _____

Personal Reference: _____
Phone Number: _____
Relationship: _____

**Horizon Land Management
Application for Residency**

Please answer the following questions:

Have you ever been charged or convicted of a crime? Yes No

If Yes, Please explain: _____
_____ Date: _____

Have you ever been charged or convicted of a sex offence? Yes No

If Yes, Please explain: _____
_____ Date: _____

Have you ever filed bankruptcy? Yes No

If Yes, Please explain: _____
_____ Date: _____

Have you ever been evicted from a rental or foreclosed upon for a mortgage? Yes No

If Yes, Please explain: _____
_____ Date: _____

Additional Occupants:

Name: _____	Relationships: _____	DOB: _____
Name: _____	Relationships: _____	DOB: _____
Name: _____	Relationships: _____	DOB: _____
Name: _____	Relationships: _____	DOB: _____

Home Information*:

Year: _____ Make: _____ Model: _____ Monthly Loan Amount: \$ _____

Home Vin Number: _____ **Copy of title will be required prior to move-in.*

I declare that the foregoing information to be true and correct. I authorize its verification and consent obtaining a background and consumer credit report. I agree that the Landlord may terminate any agreement entered not based upon any misstatement made above.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

How did you hear about us: _____

Office Use Only: Date Received: _____ Community: Spring Valley Leasing Agent: Janet Scarborough

Lot Address: _____ Projected MI Date: _____ Total Application Fee(s) Collected: \$ _____

Proof Of Income Collected: 3 Paystubs Bank Statements Other Approved Source _____

Identity Verified: (List Source and ID's #) _____

Signature verifying application reviewed, income verified, identity verified: _____

Horizon Land Management, LLC

Spring Valley MHC, LLC

Pet Registration / Waiver

Pet One Description:

Breed: _____

Name: _____

Age: _____ Color: _____

Indoor: _____ Outdoor: _____

Identification: (required)

Does this pet have a collar tag? Yes / No

If not, when do you plan on getting one?

Photo: (required)

Included: Yes / No

If not, when can you send one? _____

Vaccination: (required)

Proof Included: Yes / No

If not, please send immediately.

I declare all information to be true & correct.

Initials: _____

Additional Information:

Pet Two Description:

Breed: _____

Name: _____

Age: _____ Color: _____

Indoor: _____ Outdoor: _____

Identification: (required)

Does this pet have a collar tag? Yes / No

If not, when do you plan on getting one?

Photo: (required)

Included: Yes / No

If not, when can you send one? _____

Vaccination: (required)

Proof Included: Yes / No

If not, please send immediately.

I declare all information to be true & correct.

Initials: _____

I UNDERSTAND THAT I AM FULLY AND SOLELY RESPONSIBLE FOR MY PET(S) AND THE ACTIONS OF MY PET(S). I AGREE TO INDEMNIFY THE COMMUNITY OWNERS AND MANAGER AGAINST ANY AND ALL DAMAGES THAT ARE CAUSED BY MY PET(S).

Signature: _____

Date: _____