

Thank you for your interest in Sunny Acres and Melville Manufactured Housing Communities. The following is a checklist for application of residency. Please have residency application complete **before** returning it to the Community Office.

RESIDENCY APPLICATION:

1. Please provide a current copy of your BCI report from the Attorney General's Office in Providence, RI.
2. Please list all employment and residency for the last three (3) years.
3. Submit with application your last 3 current pay stubs (verification of disclosed income), W2's for past 2 years and copies of last 3 bank statements for all applicants.
4. If self-employed please include past three (3) year's tax return.
5. If married for less than two (2) years please include maiden name.
6. If you have a pet; a copy of inoculations and neutering certificate must be provided.
7. **Signatures** from both applicant and co-applicant are needed to process Residency Application.
8. If financing home, submit a copy of lien holders' approval letter with terms of the financing.
9. A signed copy of the Purchase and Sale Agreement must accompany application for residency (See Below).
10. Rental Verification Authorization signature needed (for your previous landlord)

PURCHASE AND SALE AGREEMENT:

Please check as completed.

1. The Purchase and Sale Agreement **MUST STATE THE FOLLOWING:**
Along with personal property the buyer is also purchasing, oil tank, fuel line, and all utility distribution lines including but not limited to, water lines from the ground up, septic lines from the home to the ground, and electrical lines from the power stanchion to the home. Also, all Applicants must obtain Park approval for Residency prior to closing date.
2. Signatures from the selling agent and buyers are needed to process the Purchase and Sale Agreement.

BE CERTAIN THAT ALL THE ABOVE REQUESTS ARE SUPPLIED AND COMPLETE, INCOMPLETE FORMS AND REQUESTED ITEMS MISSING WILL BE CAUSE FOR DELAY.

Please keep in mind that application processing may take up to two (2) weeks. If you have any questions regarding this application process, please call the Community Office. The number is (401) 683-4567.

Thank you,
The Springfield Group

Application for Residency

Community _____
 Date _____ Site # _____

APPLICANT INFORMATION

CO-APPLICANT INFORMATION

Full Name	Full Name
Present Street Address	Present Street Address
City, State, Zip Code	City, State, Zip Code
Soc. Sec. #	Soc. Sec. #
Birth day	Birth day
Dependent Children #	Dependent Children #
Ages	Ages
Marital Status M = Married, S = Separated, U = Unmarried (single, divorced, widowed)	Marital Status M = Married, S = Separated, U = Unmarried (single, divorced, widowed)
How Long at Present Address Years Mos.	How Long at Present Address Years Mos.
Home Phone Number	Home Phone Number
Residential Status H = Home Owner, R = Renter, P = Parents, O = Other	Residential Status H = Home Owner, R = Renter, P = Parents, O = Other
Mo. Rent or Mtge. Payment	Mo. Rent or Mtge. Payment
Landlord or Mtge. Holder's Name	Landlord or Mtge. Holder's Name
Phone #	Phone #
Mtge. Balance	Mtge Balance
Previous Address (if less than 3 yrs. at present address)	Previous Address (if less than 3 yrs. at present address)
How Long	How Long

APPLICANT'S EMPLOYMENT

CO-APPLICANT'S EMPLOYMENT

Employer's Business Name	Supervisor's Name	Employer's Business Name	Supervisors Name
Employer's Address		Employer's Address	
Wkly Wages: Gross \$	Take Home \$	Work Phone No.	
Job Title or Occupation	Hire Date		
Previous Employer	Employed from to	Previous Employer	Employed from to
Previous Employer's Address	Phone No.	Previous Employer's Address	Phone No.

OTHER INCOME

OTHER INCOME

Source Of Other Income	Monthly Income	Source Of Other Income	Monthly Income

MOBILE HOME DATA

Make	Model	Year	New	Serial No.
No. of Bedrooms	Width	Length	Used Lot Fee	Lot No.
Purchase Price	Down payment	Financing Approved	Yes	No
				Monthly Mtge Payment
Name of Finance Co. (Address & Phone No.)				

CREDIT REFERENCES

Indicate relationship or ownership of account by entering the appropriate letter *A = Applicant B = Co-Applicant J = Joint*

Owner <i>A B J</i>	Checking Account With (Name and Address)	Phone No.	Account No.
Owner <i>A B J</i>	Checking Account With (Name and Address)	Phone No.	Account No.

LIST ALL PAYMENT OBLIGATIONS

Visa	Current Bal.	Mo. Paymt.	Mastercard	Current Bal.	Mo. Paymt.	Dept. Stores	Current Bal.	Mo. Paymt.
Yes No			Yes No			Yes No		
Debtor	Creditor Name, Address and Phone Number						Current Bal.	Mo. Payment
Debtor	Creditor Name, Address and Phone Number						Current Bal.	Mo. Payment
Debtor	Creditor Name, Address and Phone Number						Current Bal.	Mo. Payment
Debtor	Creditor Name, Address and Phone Number						Current Bal.	Mo. Payment
Relative Living Nearest Applicant (Name and Address)						Relationship	Relatives Phone Number	
Relative Living Nearest Co-Applicant (Name and Address)						Relationship	Relatives Phone Number	

If you answer "yes" to any of the following questions, explain on an attached sheet. - Enter Y(yes) or N(no) in both columns. Applicant Co-Applicant Joint

1. HAVE YOU DECLARED BANKRUPTCY WITHIN THE PAST 10 YEARS? WHERE?	WHEN?	Applicant	Co-Applicant	Joint
2. HAVE YOU HAD ANY JUDGMENTS, REPOSSESSIONS, GARNISHMENTS, OR OTHER LEGAL PROCEEDINGS FILED AGAINST YOU WITHIN THE PAST 7 YEARS?				
3. ARE YOU A CO-MAKER OR GUARANTOR ON A NOTE? FOR WHOM?			HOW MUCH? \$	
4. ANY OTHER APPLICATION FOR A LOAN PENDING AT THIS TIME?				
5. DO YOU PAY ALIMONY OR CHILD SUPPORT?			HOW MUCH? \$ HOW OFTEN?	

MISCELLANEOUS INFORMATION

Automobile (s)			
Make	Model	Year	License Plate No.
Make	Model	Year	License Plate No.
Make	Model	Year	License Plate No.

Pet (s)			
Dog	Yes No	No. of	Breed
Cat	Yes No	No. of	Breed
			Neutered
			Neutered

Who will occupy the home?

Name	Age
Name	Age
Name	Age
Name	Age
Name	Age

All of the statements made in this application are true and correct and are made for the purpose of residency. You are authorized to investigate my credit record, to verify my credit, employment, income, landlord references, do a criminal background check, and to obtain such other information as you deem necessary and to give credit reporting agencies and others information regarding your credit experience with me. I have read the Community Guidelines and agree to abide by them.

Applicant's Signature Required

Co - Applicant's Signature Required

Please Check Appropriate Answers

How did you first hear of our Community?

- Friend _____ (If so, resident of our Community Yes _____ No _____)
- Relative _____ (If so, resident of our Community: Yes _____ No _____)
- Newspaper Ad _____ (If so, Daily ad _____ Open House ad _____)
- Real Estate Agency _____ (If so, which one _____)
- Yellow Pages Ad _____ Other _____

How did you first contact our Community?

- Phone Call _____
- Open House _____
- Other _____

What attracted you most to our Community?

- Affordability of Housing _____
- Community Atmosphere _____
- Recreational & Activity Programs _____
- Other _____

Why did you choose manufactured housing?

- Build Equity _____
- Privacy _____
- Lower Monthly Payment _____
- Other _____

What was your former residence?

- Apartment _____
- Site-built home _____
- Manufactured home _____ (In park _____ or on own land _____)
- Other _____

What was your reason for leaving your former residence?

- Relocating _____
- Too small _____
- Too large _____
- Other _____

Please use this space to add any additional information on why you selected our Community.

Thank you,
The Community Staff

Rental Verification Authorization

TO: (Landlord) _____

ADDRESS: _____

FROM: (Community) _____

ADDRESS: _____

TENANT(S): _____

RENTAL ADDRESS: _____

DATE of RENTAL: From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____

Monthly Rent: _____ # of Tenant(s) on Lease: _____

Has account been more than 30 days delinquent in past 12 months?

NO _____ YES _____ Number of times _____

Any violations issued? NO _____ If YES, explain: _____

Would you rent to them again? YES _____ NO _____

Signature of Landlord/Credit Manager

Title

We/I have applied for credit/residency and stated we have credit experience with you. Our/My signature authorizes you to supply the information requested. Your prompt response is greatly appreciated.

Name and address of applicant(s)

Signature _____

Signature _____