



Forest Springs, LLC

10084 Forest Springs Drive
Grass Valley, CA 95949
Phone: 530.273.5954
Fax: 530.273.2360
www.fsmhc.com

Office Use Only

Date application received _____
Date all forms received _____
Date applicant approved _____
Notes:

APPLICATION FOR RESIDENCY

Personal

Name of person making application _____

Home phone _____ Mobile phone _____

Social Security # _____ - _____ - _____ Driver's license # and state _____

Current address _____
Use physical address – not P.O. Box City State Zip

Other Person(s) who will be occupying homesite:

Name	Relationship	Social Security #	Driver's License #

Residency Information

Current landlord or mortgage company _____

Business address _____
City State Zip

Monthly rent or mortgage amount \$ _____

Previous landlord or mortgage company _____

Business address _____
City State Zip

Monthly rent or mortgage amount \$ _____

Have you ever been asked to terminate your residency? Yes No Have you ever been evicted? Yes No

Please explain any "Yes" answers _____

Have you ever lived in a mobile home park before? Yes No If "Yes," name of park _____

Address of park _____
Use physical address – not P.O. Box City State Zip

Dates of residency _____ to _____ Amount of last rent at the park \$ _____

Vehicles

For security purposes, Forest Springs Management maintains records of owner-resident vehicles.

Number of vehicles _____ Boats _____ Travel trailers or other _____

You must provide a complete descriptions of all vehicles.

Make _____	Model _____	Year _____	License # _____	State _____
Financed by _____		Current payment amount \$ _____		
Business Address _____		Business phone _____		

Make _____	Model _____	Year _____	License # _____	State _____
Financed by _____		Current payment amount \$ _____		
Business Address _____		Business phone _____		

Make _____	Model _____	Year _____	License # _____	State _____
Financed by _____		Current payment amount \$ _____		
Business Address _____		Business phone _____		

Income Sources

Please provide source(s) and amount(s) of your income or financial support.

Source _____ Monthly amount \$ _____

Source _____ Monthly amount \$ _____

Source _____ Monthly amount \$ _____

If employed, name of employer _____ Phone _____

Employer address _____

Length of employment ____ years ____ months City _____ State _____ Zip _____

Position _____ Gross monthly salary \$ _____

Immediate supervisor's name _____ Phone _____

References

Name	Relationship	City	Phone
Business			
Business			

Net Worth Statement

Assets		Dollar Amount (rounded)	Liabilities		Dollar Amount (rounded)
			List all debt, name of lender, account numbers, amount owed and amount of monthly payment on reverse side of this form.		
CASH, CHECKING & SAVINGS ACCTS.	Financial institution name(s)		NOTES PAYABLE TO LENDING INSTITUTIONS	Institution name(s) & office	
STOCKS & BONDS			OTHER NOTES & ACCOUNTS PAYABLE	List any and all loans	
NOTES RECEIVABLE	Relatives & Friends Trust Deeds & Mortgages Other		TAXES	Estimated coming year: Income tax Property taxes	
REAL ESTATE	Improved Unimproved % of Leasehold Owned		OTHER LIABILITIES	Unpaid taxes: Income tax Property taxes Dependent payments	
LIFE INSURANCE	Cash surrender value		NET WORTH CALCULATION	TOTAL LIABILITIES	
OTHER PERSONAL PROPERTY	Vehicles Other			TOTAL ASSETS	
	Total Assets			NET WORTH	

Have you applied for bankruptcy in the last seven (7) years? Yes No

Acknowledgement

The undersigned acknowledges that in the event any of the information contained in this application cannot be verified by Forest Springs Management, Management has the right to deny the application. The undersigned further acknowledges that the prospective resident shall have no rights of tenancy until a rent agreement has been signed by Forest Springs Management and the prospective resident(s).

Applicant signature _____ Date _____

Applicant signature _____ Date _____