

GARDEN CITY MOBILE ESTATES
(912) 964-0331

MOBILE HOME PARK RESIDENT APPLICATION FORM

GENERAL INFORMATION:

Name of applicant: _____ Birth Date: _____
Name of co-applicant: _____ Birth Date: _____
Name of other occupant(s): _____ Birth Date: _____
_____ Birth Date: _____
_____ Birth Date: _____
_____ Birth Date: _____

Applicant's Driver's License #: _____ Social Security #: _____
*****A valid driver's license and Social Security card must be presented at time of filling out the application*****

Nearest Living Relative: _____
Address: _____ Phone: _____

RESIDENT INFORMATION:

Current Address: _____ Length of Stay: _____
Owner/Agent & Phone #: _____ Rental Rate: _____
Previous Address: _____ Length of Stay: _____
Owner/Agent & Phone #: _____ Rental Rate: _____

EMPLOYMENT INFORMATION:

Current Employer: _____ Supervisor: _____
Address: _____ Phone #: _____
Occupation: _____ Income: _____ How Long: _____
Previous Employer: _____ Supervisor: _____
Address: _____ Phone #: _____
Occupation: _____ Income: _____ How Long: _____

FINANCIAL INFORMATION:

Checking Account #: _____ Bank: _____
Savings Account #: _____ Bank: _____
Charge Accounts With: _____

MOBILE HOME INFORMATION:

Serial #: _____ License #: _____ Size: _____ Year: _____
Make: _____ Legal Owner: _____ Phone #: _____
Address: _____
Registered Owner: _____ Phone #: _____
Address: _____

AUTOMOBILE INFORMATION:

Make: _____ Model: _____ Year: _____ License #: _____
Registered Owner: _____ Address: _____
Phone #: _____
Other Vehicles (Describe same as above): _____

EMERGENCY INFORMATION:

In case of emergency notify: _____ Relation: _____
Home Phone #: _____ Work Phone #: _____
Address: _____

I/We authorize the companies, agencies and persons named above to provide information to the Manager of Garden City Mobile Estates regarding my/our character and financial references as prospective tenants.

- If I/we are approved to move into Garden City Mobile Estates, I/we understand the following:
1. Under no circumstances are pets allowed.
 2. No mobile home will be moved into this park without 48 hours prior notice.
 3. Mobile homes moved in on Saturdays or Sundays will be subject to a \$25.00 per hour charge, to be paid in advance, with a minimum of two (2) hours, or \$50.00.

Signature of Applicant: _____ Date: _____
Signature of Co-Applicant: _____ Date: _____

Application Fee Receipt #: _____ Amount Paid: _____ Date: _____
Security Deposit Receipt #: _____ Amount Paid: _____ Date: _____
Lot # assigned: _____ Move-In Date: _____

TO: COMPLIANCE DEPARTMENT

FAX No.: 404-393-9512

FROM:

**GARDEN CITY MOBILE ESTATES
POST OFFICE BOX 8807
SAVANNAH, GEORGIA 31412**

PHONE: 912-964-0331

FAX: 912-964-6920

**CONSENT FORM
DISCLOSURE OF INFORMATION**

A separate form must be completed for each household member 18 years of age and older.

Applicant Name: _____ Home Phone #: (____) _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____ / ____ / ____ Sex: _____ Race: _____

Present Address: _____ Previous Address: _____

City & State: _____ City & State: _____

County: _____ County: _____

I hereby give consent to Management of the above-named apartment community to obtain an investigative consumer report and to access any records pertaining to me, which may be on file at any:

- Credit Agency
- Law Enforcement Agency
- City, State or Federal Court
- Information Service Bureau
- Local or State Agency
- State or Local Repository
- State or Local Sexual Offender Registry

I do understand the investigation will include information from law enforcement agencies, credit reporting agencies, and other documents of public records, and these reports will be used in making decisions about my potential tenancy. I hereby authorize any agency contacted to furnish any and all information required. This releases the aforesaid parties from any liability and responsibility for providing the above information at any time.

I further understand that this report will not be used in violation of any Federal or State Equal Opportunity Law or Regulation, and that, if any adverse actions is to be taken based on the Consumer Report, a summary of my rights under the Fair Credit Reporting Act will be provided to me.

Signature of Applicant

Date