

Name of Applicant/s _____

Home site Address/ Lot #: _____

Logan's Crossing Manufactured Home Community

Application for Residency

LOGAN'S CROSSING MHC

150 McPherson Parkway
Dallas, Georgia 30157
Phone: 770-443-6170 Office & Fax
Email: LogansCrossingMHC@gmail.com
Website: www.LogansCrossing.com

Checklist of items needed to process the application

- Completed application with \$50.00 application fee
- Employment Verification Form – Sign only - We will fax this to your Employer
- Rental History Verification Form – Sign only – We will fax this to your Landlord

PLEASE BRING THESE ITEMS:

- 2 years of tax returns with W2s
- 2 full months of bank statements
- 4 weeks of paystubs
- Picture ID of all applicants and occupants

If applicable:

- Child support documentation
- Alimony documentation
- Other _____

My credit score is about _____. I hereby pledge to begin working immediately on improving my credit score, and will review my progress with Logan’s Crossing, every 6 months, until my credit score exceeds 700.

Applicant Signature Date

Co-Applicant Signature Date

Qualifying Criteria for Residency

Equal and Fair Housing: We do not discriminate on the basis of race, color, religion, sex, disability familial status or national origin.

Availability: Applicants for home sites will be accepted on a first come, first serve basis and are subject to availability of the home site requested.

Rental Applications: Rental applications must be completed by each applicant (defined as all residents to be identified in the lease as the person or persons responsible for paying the rent). Original Government Issued photo identification is required for all occupants and a copy will be made when the application is submitted or at move-in and kept in the resident's file.

In approving an applicant for residency, the following criteria must be met:

Rental History: **TWO** years of verifiable history on current and/or previous addresses. Applicant must provide a lease and a rental receipt if rental is or was from a private owner. An applicant may not have any unresolved debts to a current or previous landlord/ mortgagor. The following will be cause for rejection as a result of information gathered from prior landlords: repeated disturbance of neighbor's peace; reports of unsavory or illegal activity (drugs, gambling, etc.); damage beyond normal wear and tear; reports of violence or threats to neighbors or landlord; allowing persons not on lease to reside at leased premises; failure to give proper notice before moving; failure to make timely and current rental/mortgage payments; past due balance on rental account which has been reported to credit bureau.

Employment: Each applicant must have verifiable current employment and **TWO** years of employment history or verifiable source of income. Full time students may require a guarantor, proof of enrollment or graduation. Self-employed individuals must provide a financial statement from a CPA and/or TWO previous year's tax return.

Income: Gross income per individual or married couple must be three (3) times the amount of market rent and home payment. Roommates must qualify individually and are required to make three (3) times the amount of market rent. If not verifiable per their employer, Logan's Crossing will require a copy of the previous year's tax return filed with the IRS or the past six- (6) months of paystubs or bank statements.

Guarantor: A guarantor must complete an application and meet the leasing criteria and must make five (5) times the home site and house payment rate in a monthly verifiable income.

Credit: Each applicant's credit report will be requested and processed. Accounts must be in good standing with creditors. All applicants must score above the established level to be accepted. In the course of bankruptcy, good credit must be established since the bankruptcy.

Application Fee: A non-refundable \$50.00 application fee will be submitted by the applicants.

Occupancy: No more than two occupants per bedroom in each home will be allowed. For instance:

- Two bedroom: Two (2) Persons
- Three bedrooms: Four (4) Persons
- Four Bedrooms: Six (6) Persons

Criminal History: A criminal background check will be performed on all occupants age 18 or over. Applications may be rejected for violent felony convictions. The following convictions reported on the criminal background checklist may result in denial of your application:

- Any violent felony Convictions - (time limit 10 years from the disposition date)
- Any Terrorism-related Convictions - (no time limit)
- Any Prostitution-related Convictions – (time limit 10 years from the disposition date)
- Any Sex-related Convictions including but not limited to, rape and child molestation (no time limit)
- Any Misdemeanor Crimes against a Person - (time limit 10 years from the disposition date)

Management makes every reasonable effort to attempt to verify each applicant’s criminal background history provided by applicant. Management cannot guarantee all background checks will disclose all potential criminal history. Therefore, management may not be held liable for information not discovered during investigation.

Good Faith Deposit: A good faith deposit of \$_____ will be submitted along with the rental application(s) to reserve an available home/home site. Applicant(s) have 72 hours to cancel their application in writing and receive a full refund of their good faith deposit set forth above. Applications may take longer than 72 hours to verify based on the information provided by the applicant. Therefore, applicant(s) 72 hour written cancellation policy is not contingent upon the applicant(s) application being approved. If the applicant(s) application is denied, based on an applicant(s) not meeting Logan’s Crossing leasing criteria, Logan’s Crossing will refund, in full, the \$_____ good faith deposit within 30 days from the date of denial. Once the application has been approved, \$_____ of the good faith deposit is applied toward the security deposit for the home site. The security deposit is refundable, providing all provisions of the lease agreement are met upon the date of move-out.

Pets: Logan’s Crossing has a “NO AGGRESSIVE BREEDS” policy. Dog breeds, and any mixes thereof, prohibited are Rottweiler, Doberman, German Shepard, Chow, and Pit Bull (including the American Staffordshire Terrier, Staffordshire Bull Terrier and American Pit Bull terrier) and any other breed as designated by Management.

Recreational Vehicles: Utility trailers, boats and campers are prohibited from being parked at home site.

I/We have read and agree to the above criteria from which my/our application(s) will be approved. I/We specifically authorize and acknowledge that a **Credit Check and a Criminal Background Check will be performed.**

Applicant Printed Legal Name

Applicant Signature Date

Co-Applicant Printed Legal Name

Co-Applicant Signature Date

Logan's Crossing Manufactured Home Community

Application for Lot Rental

150 McPherson Parkway, Dallas, Georgia 30157

770-443-6170 Office and Fax

www.LogansCrossingMHC@gmail.com

*** Application fee of \$50.00 must be paid before processing will begin**

Date of Application:	_____
Home site #:	_____
Application fee paid?	_____
Deposit paid?	_____
Photo Identification?	_____
Approval/Denial Date:	_____

Applicant			
Name (First, Middle, Last)		Social Security Number	
Have you ever been convicted of a felony? NO YES If yes, explain on separate sheet of paper		Birthdate(Month/Day/Year)	
Driver's License # State Issued		# People to Occupy Home Adults Children	
Present Street Address			
City, State, Zip		Home #	
Email Address		Cell #	
How long at present address?	Circle One: Own Rent Other	Monthly Payment \$	
Landlord Name		Landlord Phone	
Previous Address(if less that 2 years at present address)			
City, State, Zip		How Long (Yr,Mo)	
Amount paid per month \$	Landlord Name: Landlord Phone:		
Applicant Employment			
Employer		Phone Number	
Address (City, State)		Supervisor	
Job Title	Hire Date(Mo,Yr)	Gross Salary per: \$	Wk/Mo/Yr
Previous Employer(if less that 2 years)		Phone Number Supervisor	
City,State		Employed From ,To (Mo,Yr)	
Other Income \$	Other Income Source Per		
Bank & Credit References			
Checking Account with City State Phone		Account Number	
Savings Account with City State Phone		Account Number	
Credit Card Company: City State Phone		Account Number	
Credit Card Company: City State Phone		Account Number	

Co - Applicant			
Name (First, Middle, Last)		Social Security Number	
Have you ever been convicted of a felony? NO YES If yes, explain on separate sheet of paper		Birthdate(Month/Day/Year)	
Driver's License # State Issued		Number of Dependents	
Present Street Address			
City, State, Zip		Home #	
Email Address		Cell #	
How long at present address?	Circle One: Own Rent Other	Monthly Payment \$	
Landlord Name		Landlord Phone	
Previous Address(if less that 2 years at present address)			
City, State, Zip		How Long (Yr,Mo)	
Amount paid per month \$	Landlord Name: Landlord Phone:		
Co - Applicant Employment			
Employer		Phone Number	
Address (City, State)		Supervisor	
Job Title	Hire Date(Mo,Yr)	Gross Salary per: \$	Wk/Mo/Yr
Previous Employer(if less that 2 years)		Phone Number Supervisor	
City,State		Employed From ,To (Mo,Yr)	
Other Income \$	Other Income Source Per		
Co - Applicant Bank & Credit References			
Checking Account with City State Phone		Account Number	
Savings Account with City State Phone		Account Number	
Credit Card Company: City State Phone		Account Number	
Credit Card Company: City State Phone		Account Number	

Monthly Expenses

Payment To and Phone Number	Account Number	Monthly Payment	Balance
1			
2			
3			
4			
5			

Have you ever declared Bankruptcy?	__Yes __No	When	Where
Have you ever had a repossession?	__Yes __No	When	Where
Have you ever been evicted from a rental residence?	__Yes __No	When	Where

Explain any "YES" responses:

Applicant References

Reference Name	Phone Number
Address, City, State, Zip	Relationship

Applicant Emergency Contact

Emergency Contact Name	Phone Number
Complete Address, City, State, Zip	Email Address
Name of Nearest Adult Relative not living with you	Relationship
City, State, Zip	Phone Number

Manufactured Home Information

Year	Manufacturer of Home	Model	Size of Home
Name on the Title:		Vehicle Identification Number(s)	
Who are you purchasing the home from?	Phone Number	Is the home financed?	
Who is your home financed with?	Account Number	Telephone Number	

Automobile Information #1

Make	Model
Year	Color
Tag Number	State Registered
Name on Title	Condition

Do you have a camper, boat or trailer that will be parked on the property? Y N
If yes, please explain:

Include car, student and personal loans, credit card payments, utilities, insurance of all types, child support, alimony and any other monthly obligations.

Payment To and Phone Number	Account Number	Monthly Payment	Balance
1			
2			
3			
4			
5			

Have you ever declared Bankruptcy?	__Yes __No	When	Where
Have you ever had a repossession?	__Yes __No	When	Where
Have you ever been evicted from a rental residence?	__Yes __No	When	Where

Explain any "YES" responses:

Applicant References

Reference Name	Phone Number
Address, City, State, Zip	Relationship

Co-Applicant Emergency Contact

Emergency Contact Name	Phone Number
Complete Address, City, State, Zip	Email Address
Name of Nearest Adult Relative not living with you	Relationship
City, State, Zip	Phone Number

Automobile Information #2

Make	Model
Year	Color
Tag Number	State Registered
Name on Title	Condition

Do you have any recreational vehicles that will be parked on the property? Y N
If yes, please explain:

Pet Information		
Indoor or outdoor animal (Circle One)		Type of animal
Name of animal		Breed
Age	Sex	Color
Weight		Height

Occupant Information	
Please list anyone else who will be occupying the home:	
Name	Age
Name	Age
Name	Age

Pet Information		
Indoor or outdoor animal (Circle One)		Type of animal
Type of animal		Breed
Age	Sex	Color
Weight		Height

Occupant Information		
SSN:	Have you ever been convicted of a felony? Yes	No
SSN:	Have you ever been convicted of a felony? Yes	No
SSN:	Have you ever been convicted of a felony? Yes	No

I (We) certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration. I (We) hereby authorize Logan's Crossing and/or its agents to contact all references given in this application and to conduct a credit, conduct, and/or criminal background review, including obtaining my credit report from any authorized credit reporting agency.

I agree to pay a \$50.00 non-refundable Application Fee.

Applicant Printed Legal Name

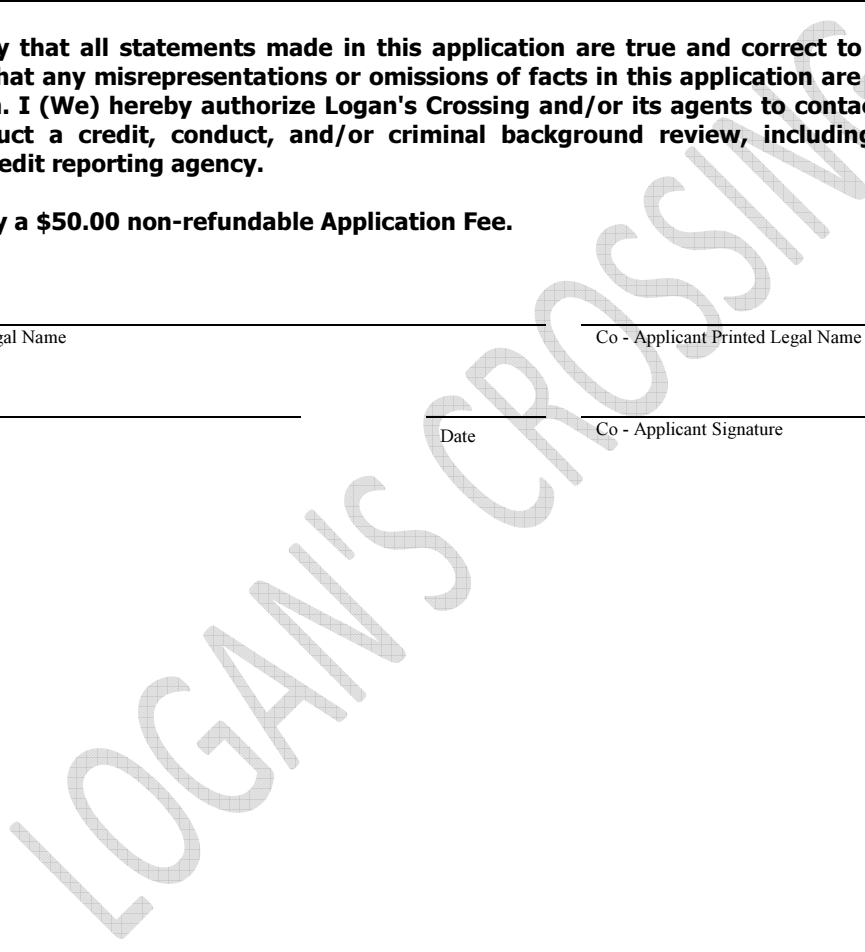
Co - Applicant Printed Legal Name

Applicant Signature

Date

Co - Applicant Signature

Date



RENTAL HISTORY VERIFICATION FORM

To: _____ From: Anne C. Scott – General Manager
 Fax: _____ Phone & Fax: 770-443-6170
 Re: _____ Email: LogansCrossingMHC@gmail.com

Remarks: Urgent FYI Reply ASAP Please Comment

We are processing a credit application for the above referenced party/parties and have been informed by him/her that you are/were his/her landlord at their current/former address. Please be assured that the information supplied by you will be held in confidence.

You are authorized to release to LOGAN'S CROSSING MHC the information requested below.

Credit applicant(s) _____ Date _____

TO BE FILLED OUT BY LANDLORD ONLY

Please fax or email this completed form to: **Fax 770-443-6170** or LogansCrossingMHC@gmail.com as soon as possible.

Applicant(s): _____

LEASE VIOLATIONS

Address: _____

YES	NO	Description
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Residency Dates From: _____ to _____

_____	_____	Late rent (_____ Times)
-------	-------	-------------------------

Monthly Rent: \$ _____

_____	_____	NSF Check (_____ Times)
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FORM COMPLETED BY:

Name: _____

_____	_____	Unauthorized Pets
-------	-------	-------------------

Title: _____

_____	_____	Unauthorized Occupants
-------	-------	------------------------

Email Address: _____

_____	_____	Property Damage
-------	-------	-----------------

Phone Number _____

_____	_____	Other: _____
-------	-------	--------------

_____	_____	Proper Notice Given?
-------	-------	----------------------

_____	_____	Would you re-rent to Applicant(s)
-------	-------	-----------------------------------

_____	_____	Current Address now?
-------	-------	----------------------

_____	_____	Are you Family or Friend?
-------	-------	---------------------------

CONFIDENTIALITY NOTE: The information contained in the facsimile transmission and the document(s) that follow are for the exclusive use of the addressee and may contain information protected by the privacy act, 5U.S.C.522a, or otherwise confidential, privileged, or non-disclosable information. If the recipient of this facsimile is not the addressee, the recipient may violate the law by sending, photocopying, distributing, or otherwise using this facsimile transmission of its contents in any way. If the recipient has received this facsimile in error, call the office immediately.

EMPLOYMENT VERIFICATION FORM

To: _____ From: Anne C. Scott – General Manager
 Fax: _____ Phone & Fax: 770-443-6170
 Re: _____ Email: LogansCrossingMHC@gmail.com

Remarks:	Urgent	FYI	Reply ASAP	Please Comment
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We are processing a credit application for the above referenced party/parties and have been informed by him/her that you are/were his/her employer at their current/former job. Please be assured that the information supplied by you will be held in confidence.

You are authorized to release to LOGAN'S CROSSING MHC the information requested below.

Credit applicant(s) _____ Date _____

TO BE FILLED OUT BY EMPLOYER ONLY

Please fax or email this completed form to: **Fax 770-443-6170** or LogansCrossingMHC@gmail.com as soon as possible.

Applicant(s): _____ Position: _____
 Address: _____ Dates Employed From: _____ to _____
 Name of Employer: _____ Salary per _____ \$ _____
 Address: _____ Do you expect to retain them as an employee?
 _____ Yes _____ No
 Employer Telephone & Fax: _____

FORM COMPLETED BY:

Name: _____ Remarks: _____
 Title: _____
 Email Address: _____
 Phone Number _____

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Please fax or email this completed form to: **Fax 770-443-6170** or LogansCrossingMHC@gmail.com as soon as possible.

Applicant(s): _____ Position: _____
 Address: _____ Dates Employed From: _____ to _____
 Name of Employer: _____ Salary per _____ \$ _____
 Address: _____ Do you expect to retain them as an employee?
 _____ Yes _____ No
 Employer Telephone & Fax: _____

FORM COMPLETED BY:

Name: _____ Remarks: _____
 Title: _____
 Email Address: _____
 Phone Number _____

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