

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 bedrooms: 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 \$200.00 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 \$200.00 good faith deposit within 30 days from the date of denial. Once the application has been approved, \$200.00 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		Birthdate(Month/Day/Year)	
If yes, explain on separate sheet of paper			
Driver's License #		# People to Occupy Home	
State Issued		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 than 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 than 2 years)		Phone Number Supervisor	
City,State		Employed From ,To (Mo,Yr)	
Applicant Other Income: \$	How long?	Source: Per month	
Bank & Credit References			
Checking Account with		Account Number	
City	State	Phone	
Savings Account with		Account Number	
City	State	Phone	
Credit Card Company:		Account Number	
City	State	Phone	
Credit Card Company:		Account Number	
City	State	Phone	

Co - Applicant			
Name (First, Middle, Last)		Social Security Number	
Have you ever been convicted of a felony? NO YES		Birthdate(Month/Day/Year)	
If yes, explain on separate sheet of paper			
Driver's License #		Number of Dependents	
State Issued			
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 than 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 than 2 years)		Phone Number Supervisor	
City,State		Employed From ,To (Mo,Yr)	
Co-Applicant Other Income \$	How long?	Source: Per month	
Co - Applicant Bank & Credit References			
Checking Account with		Account Number	
City	State	Phone	
Savings Account with		Account Number	
City	State	Phone	
Credit Card Company:		Account Number	
City	State	Phone	
Credit Card Company:		Account Number	
City	State	Phone	

Monthly Expenses and Obligations

Payment To and Phone Number	Account Number	Monthly Payment	Balance
1			
2			
3			
4			
5			
Have you declared bankruptcy in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		When	Where
Have you ever had a repossession? <input type="checkbox"/> Yes <input type="checkbox"/> No		When	Where
Have you ever been evicted from a rental residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		When	Where
Have you ever obtained credit under another name? If so, name used:			
Are you a co-signer, C-maker or Guarantor on a note/loan? If so, who?			
Are you liable for child support, alimony or maintenance payments? If so, how much? \$			
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	
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:			
Pet Information			
Indoor or outdoor animal (Circle One)		Type of animal	
Name of animal		Breed	
Age	Sex	Color	
Weight		Height	
Occupant Information			

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

Payment To and Phone Number	Account Number	Monthly Payment	Balance
1			
2			
3			
4			
5			
Have you declared bankruptcy in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		When	Where
Have you ever had a repossession? <input type="checkbox"/> Yes <input type="checkbox"/> No		When	Where
Have you ever been evicted from a rental residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		When	Where
Have you ever obtained credit under another name? If so, name used:			
Are you a co-signer, C-maker or Guarantor on a note/loan? If so, who?			
Are you liable for child support, alimony or maintenance payments? If so, how much? \$			
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	
Type of animal		Breed	
Age	Sex	Color	
Weight		Height	
Occupant Information			

Please list anyone who will be occupying the home:			
Name	Age	SSN:	Have you ever been convicted of a felony? Yes No
Name	Age	SSN:	Have you ever been convicted of a felony? Yes No
Name	Age	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 the \$50.00 non-refundable Application Fee at the time I submit this application. I understand that if I do not pay this fee at this time, processing will be delayed.

Applicant Printed Legal Name		Co - Applicant Printed Legal Name	
Applicant Signature	Date	Co - Applicant Signature	Date

Office Use Only

	<u>Applicant</u>	<u>Co-Applicant</u>
Credit score	_____	_____
Background check	_____	_____
Residential Verification completed	_____	_____
Employment Verification completed	_____	_____
<u>Debt Ration Calculations</u>		
Income Details		
Applicant Monthly Income	_____	
Co-Applicant Monthly Income	_____	
Other Income	_____	
Front End Ratio Inputs		
Lot Rent	_____	
Home Payment	_____	
Home Insurance	_____	
Back End Ratio Payments		
Monthly Car Payments	_____	
Monthly Student Loan Payments	_____	
Minimum Credit Card Payments	_____	
Other Committed Monthly Payments	_____	
Debt Ratio Calculation Results		
Total Income	_____	
Monthly Housing Costs	_____	
Front End Debt Ratio	_____	Must be 33% or lower
Total Monthly Committed payments	_____	
Back End Debt Ratio	_____	Should be 43% or lower

MANUFACTURED HOME DESCRIPTION AND SALES INFORMATION

New _____ Pre-owned _____ (Please check one)

Year of home: _____

Make & Model of home _____

Dimensions (Width x Length) _____

VIN/ Serial Number: _____

Retailer/Dealer: _____

Point of Contact: _____

Address and Telephone number: _____

Email address: _____

Finance Company: _____

Monthly Home payment: \$ _____

Does this monthly payment include taxes and insurance? ---- Yes -----No

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
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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 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
Residency Dates From: _____ to _____	_____	_____	Late rent (_____ Times)
Monthly Rent: \$ _____	_____	_____	NSF Check (_____ Times)
<u>FORM COMPLETED BY:</u>	_____	_____	Unauthorized Pets
Name: _____	_____	_____	Unauthorized Occupants
Title: _____	_____	_____	Property Damage
Email Address: _____	_____	_____	Other: _____
Phone Number _____	_____	_____	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: _____
Title: _____
Email Address: _____
Phone Number _____

Remarks: _____

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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: _____
Title: _____
Email Address: _____
Phone Number _____

Remarks: _____

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