

Community Residency Criteria

Phone Number: _____

Please note that processing can take up to five business (5) days to process once all information has been submitted. There is a \$ **application fee per adult** (Payable online, by credit card or money order, No Cash or Personal Checks Accepted) that needs to be paid before an application will be considered. **REQUIREMENT:** Community approval of a new resident must be received before any resident-to-resident sale is final.

Your application will be screened by AmRent PO BOX 530091 Atlanta, GA 30353 Ph: (888)898-6196.

The criteria for receiving approval from the community for residency are as follows:

1. All adult person(s) who will reside in the home and be rent responsible must complete a residency application and undergo a credit and background check. All person(s) residing within the home, including children, must be identified on the application as occupant(s). Any occupant living within the home over the age of (18) must have a background check completed.
2. Only one family per home is permitted. No more than 2 people per bedroom may reside within the home. One of the lease signers must hold the title to the home.
3. Applicants(s) must be truthful on application.
4. Applicant(s) must cooperate with the community owners and managers during the application process.
5. Applicant(s) must demonstrate the financial capacity to make the house and site payments and meet their daily living expenses. **Provable Monthly Gross Income should be 2 ½-3 times the monthly rent amount with a debt to income ratio of 20% or less (if 2 ½ times the rent) and 41% (if 3 times) of their monthly net income after all debt, including potential new rent and/or home payment, is configured.**
6. Applicant(s) credit history must reflect promptness of payment.
7. Applicant(s) must have an acceptable rental history, with no history of material violations of a lease agreement, community rules and regulations, or the laws of any city, state, or governing agency related to residency.
8. A felony conviction for drug sale or manufacture, physical violence to persons or property, or other conduct or behavior that would adversely affect the health, safety, or welfare of other residents or employees will result in denial.
9. Specific causes for denial include but are not limited to:
 - a. Certain felony convictions, other conduct, or behavior that would adversely affect the health, safety, or welfare of other residents or employees.
 - b. A history of late payments, nonpayment of rent, evictions, or utility collections.
 - c. Recent repossessions
 - d. Negative landlord verification
 - (a) Poor payment history
 - (b) Destruction of property
 - (c) Poor living or housekeeping habits.
 - (d) Complaints about pet(s)

10. All applicants are required to provide details about their pets. All pets must have a completed pet profile through our third-party pet screening company and obtain approval prior to entering our community. Please refer to pet addendum rules and guidelines for further information. AGGRESSIVE BREEDS ARE PROHIBITED.
11. Applicant(s) agrees to abide by the community lease and all community rules and regulations.
12. No homes may leave or enter the property without the prior written approval of management.
13. A security deposit of \$ [redacted] may be req [redacted] applicable monthly fees and/or charges payable at lease signing prior to occupancy.
14. **Resident-to-resident Sales:** Applicant(s) must personally interview with the community managers. All lot rent must be paid up to date and current before any application for residency is approved.
15. **Resident-to-resident Sales:** The manager will conduct an exterior home inspection. The seller must rectify all infractions listed or a signed agreement must be obtained from the buyer, guaranteeing infractions will be completed by a specified date or the home must be removed.
16. **Resident-to-resident Sales:** Proof of ownership: A copy of the purchase agreement and all other applicable documents required by local entities are to be furnished to the applicant by the resident and must be provided to the office once an application for residency has been approved. A completed certificate of compliance (if applicable), copy of the home title, proof of payment of current personal property taxes (if applicable), proof of utility transfers, and copy of new residents' homeowners' insurance policy.
17. All applicant(s) must, as a condition of eligibility, possess the ability to live independently. The ability to live independently is the ability of the applicant(s), either in conjunction with available support services or otherwise, to maintain themselves and their homes in a manner that is not detrimental to their own safety and personal well-being or to the safety and well-being of other residents.
18. If approved for residency, the approval is good for 30 days from the approval date. All applicants must reapply if the move-in date/lease date exceeds 30 days from the approval date.

I/We, the undersigned, do hereby fully understand the above represents only some of [redacted] community residency criteria and acknowledge receipt of a copy of such criteria.

Dated: _____

Applicant Printed Name

Applicant Signature

RESIDENT APPLICATION CHECKLIST

Each new prospective resident of [REDACTED] must be approved by management before taking possession of a home. Did you know you can apply online directly from our company website at www.continentalcommunities.com? Payment will be requested online before submission can be completed.

The following must be completed before any new resident may take possession of any home:

- ✓ Resident Application must be completed in its entirety & signed.
- ✓ Credit Check Fee of \$ [REDACTED] per applicant, payable in cashier's check or money order. Anyone over the age of 18 who will be residing in the home as an occupant must have a background check completed.
- ✓ Credit & Background Checks will be processed through our third-party database.
- ✓ Exterior Home Inspection-must be signed by seller & buyer.
- ✓ All Pets must be registered and approved prior to lease signing via
- ✓ If/When approved - Signed Lease & Guidelines Packet, 1st month's rent and security deposit will be collected.

Please bring the following back with you along with your application:

1. Picture I.D. and Social Security Card (Current D.L, State ID, Military ID, Green Card, Immigration Card, Gov't ID) or proof of employment authorization.
2. Most recent 30 days' proof of income
3. Application Fee in the form of a money order, cashier's check, or credit card if not paid online.
4. Share your pet screening profile with the community office.



RESIDENT APPLICATION

Date: _____

Lot Number/Address: _____

Move In: _____ Deposit: \$ _____

Lease Option: \$ _____ Rental: \$ _____

CF: \$ _____

Application Fee: \$ (each person 18 and over)

1. Lease Signer **Occupant Only**

(2 forms of ID and employment verification required) Occupants 18 years or older must submit a separate application (no leaseholder).

Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Last Name First Name Middle </div>			
Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Street City State Zip Code </div>			
Home Phone #:	Cell Phone #:	Birth Date:	Social Security #:
Driver's License #:	# of people who will reside in the home 18 & over: _____ Total # of people _____ (Include yourself)	How long at the current address? Yr. Mo	
		Email Address: _____	May we contact you electronically for notifications, letters, and notices pertaining to residency: YES or NO
2. Present Landlord:			

First Name		Last Name	Middle

Street Address		City	State Zip

Contact Phone		Email Address:	
CURRENT MONTHLY RENT PAYMENT: \$ _____			
3. Occupants: (List only those who live with you)			
Name:	Gender:	Birth Date:	
Name:	Gender	Birth Date:	
Name:	Gender	Birth Date:	

4. Employment: (Current) *If not employed, enter annual salary income amount and source,			
*Company/Source of Income		Address:	
Position:	Supervisor:	Telephone:	
*Salary Information: (Annual Salary Income) \$		How Long	
Start Date:		End Date:	
5. Employment: (previous)			
Company:		Address:	
Position:	Supervisor:	Telephone:	
Salary Information: (Annual Salary Income) \$		How Long	
Start Date:		End Date:	
6. Personal References:			
Name: _____ Last First Middle			
Address: _____ Street City State Zip code			
Telephone: _____		Email: _____	
Name: _____ Last First Middle			
Address: _____ Street City State Zip code			
Telephone: _____		Email: _____	
7. Pet Information: (You must also complete Pet Registration online at Petscreening.com)			
Type:	Breed: See Pet Policy for restricted breeds	Weight at Maturity: Color of Pet:	
Type:	Breed: See Pet Policy for restricted breeds	Weight at Maturity: Color of Pet:	
8. Manufactured Home:			
Mortgage Company if applicable:		Address:	
Telephone:	Make:	Model:	Color:
Serial Number:	Price:	Amount Financed:\$	

9. Auto Information:				
A. Make:	Model:	License Plate #:	Year:	Color:
B. Make:	Model:	License Plate #:	Year:	Color:
10. How did you hear about us:				
Referred by whom?	Facebook? MH Village Rentables?	Found us on our website?	Other-please indicate:	

11. As a prospective resident, if accepted, do you agree to abide by the lease and rule and regulations of the Community? Yes No
12. With the signing of this application, the prospective resident acknowledges receipt of a copy of the Lease, Rules, and Regulations and further agrees to be an asset to the community and to abide by all rules and regulations that are presented and may be presented from time to time. I understand that acceptance of my application shall be valid only if all statements made herein are true. I further understand that my rental of said home site should remain valid only if actual occupancy remains as described in this application unless otherwise authorized by the management.

Applicant Printed Name

Date

Applicant Signature

Date

Credit Release Authorization

1. Have you ever lived in a Continental Communities property in the past? Yes No
If Yes, what was the name of the community? _____
2. Have you ever lived at any address not listed on this application in the past five years? YES NO
If yes, please explain:
3. Have you filed for bankruptcy, chapter 7 or 13 in the past 10 years? YES NO If yes, please explain.
4. Have you ever been convicted of a misdemeanor or a felony? YES NO If yes, please explain.

I certify that the above information is true and correct, I understand that _____ will search my background. I understand this may include credit, criminal, employment, banking, and residential history and may include records from state employment security agencies. I authorize _____ to conduct whatever necessary search. I further authorize the release of any information to _____ . I understand there will be a non-refundable fee of \$ _____ to conduct this search.

Applicant Printed Name

Date

Applicant Signature

Date



Rental Verification

Date: _____

To: _____

From: _____

Phone _____
Email _____

Phone _____
Email _____

We have received an application for a lease from your current resident(s). Please provide the following information. If you have any questions, please contact our office. Thank you for your time and attention.

Applicant(s)/Resident(s) Name(s) _____
Address at your community _____

Length of residency: _____
Monthly Rent: \$ _____

Were rent payments made on time?	Yes	No
If not, how often were they late in the past 12 months?	_____	
Are you involved in any eviction proceedings at this time?	Yes	No
If yes, please explain.	_____ _____	

Any noise complaints?	Yes	No
Any policy violations?	Yes	No
If yes, please explain.	_____	
Would you rent to them again?	Yes	No

Additional Comments: _____

Signature _____
Print Name _____
Title _____
Date _____

Authorization

I authorize the release of my rental history to:

Applicant Printed Name _____ Applicant Signature _____

Date: _____



Employment Verification

Date _____

Customers/Applicants Name _____

Address _____

City, State & Zip _____

RE: REQUEST FOR EMPLOYER VERIFICATION

To whom it may concern:

I, _____, hereby give my consent for _____ to verify my employment status.

Print Name: _____ Signature: _____

EMPLOYER TO COMPLETE:

Accept this as confirmation that _____ is currently employed with _____ under the following details:

- Position: _____
- Type: Full Time Part-Time, maximum of _____ per week
- Employment Dates: _____ to _____
- Pay: \$ _____ Per Hour Salary (annual)
- Bonus Pay: \$ _____ OT Pay: \$ _____ Avg. OT Hrs. Monthly: _____
- Additional Terms: _____

Verified by: _____

Name: _____

Position/Title: _____

Phone Number: _____

Signature

Please email back to: