



7701 S US Hwy 35
La Porte, IN 46350
Phone: 219-393-3000
Fax: 219-393-5810
E-mail: deerfieldmh@outlook.com
Website: www.deerfieldmh.com

Today's Date: _____
Picture I.D. Copied? _____
Lot/Home Desired: _____

\$30 Application Fee Due Upon
Receipt of Application and is non-
refundable.

Receipt # _____

Manufactured Housing Community

RESIDENT APPLICATION

Welcome and thank you for your interest in Deerfield Estates. Please fill out this form as completely as possible.

TENANT INFORMATION

Full Name: _____ (Circle One) Single Married Widowed Divorced
Address: _____ City/State: _____ Zip Code: _____
Phone #: _____ DOB: _____ SS#: _____
Present Landlord: _____ Landlord Phone #: _____
How long at this address: _____ Previous Address: _____
Previous Landlord Name and Phone #: _____

EMPLOYMENT INFORMATION

Company Name: _____ Start Date: _____ Monthly Income: _____
Address: _____ Phone #: _____
Supervisor's Name: _____ (If less than three years list previous employer)
Previous Employer: _____ Length of Employment: _____
Address: _____ Phone: _____

CO-TENANT INFORMATION

Full Name: _____ (Circle One) Single Married Widowed Divorced
Address: _____ Phone #: _____
Date of Birth: _____ Social Security Number: _____
Present Landlord: _____ Landlord Phone #: _____
How long at this address: _____ Previous Address: _____
Previous Landlord Name and Phone #: _____

CO-TENANT EMPLOYMENT INFORMATION

Company Name: _____ Start Date: _____ Monthly Income: _____
Address: _____ Phone #: _____
Supervisor's Name: _____ (If less than three years list previous employer)
Previous Employer: _____ Length of Employment: _____
Address: _____ Phone: _____

Please list the names and ages of each person that will be residing in your home:

PET INFORMATION: Type of Pet: _____ Weight at Maturity: _____

CREDIT REFERENCES: Please list 3 credit references, including addresses and or phone numbers

1. _____
2. _____
3. _____

BANKING INFORMATION

Tenant

Bank Name: _____ (Check all that apply) Checking _____ Savings _____ Credit Card _____

Co-Tenant

Bank Name: _____ (Check all that apply) Checking _____ Savings _____ Credit Card _____

PERSONAL REFERENCES

Nearest Relative not living with you: _____ Phone # _____

Address: _____ Relationship: _____

Please list the names, addresses & phone numbers of three people who have known you for at least one year

Name	Address	Phone Number	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

HAVE YOU EVER LIVED IN OUR COMMUNITY BEFORE? YES NO If yes when? _____ Lot # _____

Have you or the co-tenant ever been convicted of a crime? YES NO (If yes please give details below.)

SIGNATURE VERIFYING ABOVE STATEMENTS

By placing my signature here, I attest to the truthfulness of the facts that I have listed an the resident application, and I also understand that if I have provided any false information that I can and will be asked to leave the Deerfield Estates Community, and I will do so without protest. By signing below I give permission to Deerfield Estates to perform a credit and criminal history for the purpose of renting a home or lot.

Tenant Signature Date

Co-Tenant Signature Date

Deerfield Estates Representative Date



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TENANT RELEASE AND CONSENT FORM

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to **DEERFIELD ESTATES** and it's agents for purposes of verifying information on my/our residential application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|----------------------------------|--|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies | Retirement Systems |
| Support and Alimony Providers | Social Security Administration | Banks and other Financial Institutions |
| | Medical and Child Care Providers | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for twelve months from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ Applicant/Resident	_____ Print Name	_____ Date
_____ Co-Applicant/Resident	_____ Print Name	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506,@REQUEST FOR COPY OF TAX RETURN@ MUST BE PREPARED AND SIGNED SEPARATELY.



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HOMEOWNERS ONLY

MOBILE HOME INFORMATION

Manufactured Home Serial Number: _____ Color: _____

Make of Home: _____ Size: _____ Value: _____

Purchased from (Name): _____ Phone: _____

Address: _____

Home Financed with: _____ Phone: _____

Address: _____

Electric Supply Needed: 60 amp 100 amp 200 amp Type of Furnace: Gas Electric