

# Cairn Communities

Application for Residency



Community Name \_\_\_\_\_  
 Application for Lot # \_\_\_\_\_  
 Park Manager \_\_\_\_\_

## Primary Applicant

Basic Information	First	Last	Middle
Name			
Social Security # / Tax ID #			
Date of Birth			
Home Phone #			

Address Information - Current	Address Information - Former
Status (Own/Rent/Relative/Other)	
Address	
City	
State	
Zip Code	
Years of Residency at Address	If less than 2 years, must fill out "Former"
Months of Residency at Address	Address section to the right ----->

Employment Information	
Employment Type (Current/Former)	
Full Time? (Yes or No)	
Self Employed? (Yes or No)	
Employer Name	
Occupation	
Monthly Gross Income	
Years at Occupation	
Months at Occupation	
Other Income Amount / Source	
Alimony/Child Support Payment (Monthly)	

### APPLICATION CERTIFICATION AND AGREEMENT

*I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that if I am accepted, falsified statements on this application can be sufficient cause for eviction. You are hereby authorized to make any investigation of my personal history and financial, credit record and criminal background history through any investigative agencies or bureaus of your choice. I understand that you may take steps, including eviction, based on information contained in criminal reports or credit reports from third party credit bureaus or investigative agencies. To whatever extent you take any action, including eviction, in reliance on information contained in third party credit reports or reports from investigative agencies, I hereby release and waive any and all claims against you. I understand that you have no duty to verify or assess the accuracy of information contained in reports by third party bureaus or investigative agencies.*

Signature of Applicant \_\_\_\_\_  
 Date \_\_\_\_\_

# Cairn Communities

Application for Residency



Community Name \_\_\_\_\_

Application for Lot # \_\_\_\_\_

Park Manager \_\_\_\_\_

## Co-Applicant

Basic Information	First	Last	Middle
Name			
Social Security # / Tax ID #			
Date of Birth			
Home Phone #			

Address Information - Current	Address Information - Former
Status (Own/Rent/Relative/Other)	
Address	
City	
State	
Zip Code	
Years of Residency at Address	If less than 2 years, must fill out "Former"
Months of Residency at Address	Address section to the right ----->

Employment Information - Current	
Full Time? (Yes or No)	
Self Employed? (Yes or No)	
Employer Name	
Occupation	
Monthly Gross Income	
Years at Occupation	
Months at Occupation	
Other Income Amount / Source	
Alimony/Child Support Payment (Monthly)	

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Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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Application for Residency



Community Name \_\_\_\_\_

Application for Lot # \_\_\_\_\_

Park Manager \_\_\_\_\_

## Other Occupants (If Applicable)

**\*\*Must Include all occupants over 18 years of age**

Additional Occupant #1	First	Last	Middle
Name			
Social Security # / Tax ID #			
Date of Birth			
Home Phone #			

Address Information - Occupant #1	
Status (Own/Rent/Relative/Other)	
Address	
City	
State	
Zip Code	

Additional Occupant #2	First	Last	Middle
Name			
Social Security # / Tax ID #			
Date of Birth			
Home Phone #			

Address Information - Occupant #2	
Status (Own/Rent/Relative/Other)	
Address	
City	
State	
Zip Code	

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Signature of Occupant #1 \_\_\_\_\_  
Date \_\_\_\_\_

Signature of Occupant #2 \_\_\_\_\_  
Date \_\_\_\_\_