## Application For Residency Rol-Park Village 8049 Veterans Hwy., Millersville, MD 21108

NAME:	C(	CO-APPLICANT:			
		CO-APP'S AGE: D.O.B.:			
		CO-APP'S SS#: Phone#			
Phone#	Pr	10ne#			
Other Person(s) designed	ring residency:				
Present Address:					
How Long:		Landlord:			
Landlord Phone:		Reason for Leavin	ng:		
Employer:		Occupation:			
Supervisor:	Phone#:		_ Salary:		
If Retired or Unemp	loyed/Disabled: Means	of Income:	Amt.:		
	Name, Address, Phone #	-			
Pet Name: Color	Breed:	Weight:	Age:	-	
	ds that the current monthly rea	nt for the lot on <b>Lot #</b>	is \$	per month,	

payable on the first of the month. Security deposit is \$250.00.

I have read the above and acknowledge that all spaces have been accurately completed, or, where applicable, marked "Not Applicable" (N/A). I understand that this form is part of my agreement to rent a lot and agree to bring all information supplied herein current and up-to-date at times as I may be requested to do so by the manager.

## IMPORTANT: THIS FORM MUST BE COMPLETED BEFORE SIGNING BELOW.

I, the Primary and Co-Applicant, certify that all information given by me is complete and accurate. By signing below, I hereby give permission for any <u>credit and/or investigative institution to investigate my credit, criminal, tenancy and employment history</u>, and I authorize release of all credit related information to those institutions or others providing information. I realize I am not a Resident until the Management has approved my application. \*A one-time non-refundable application and credit/criminal report <u>fee of \$25.00</u> per person must be submitted with this application by check or money order, payable to Rol-Park Trailer Village.

DATE:	SIGNED:	
DATE:	SIGNED:	
<b>ROL-PARK TRAILER</b>	VILLAGE, INC.	•
DATE App'd/Denied:		SIGNED:
RPVAPP021614		