

HIGH CIARA MHP LLC

Residential Rental Application

Complete this form electronically, save a copy to your device, and email the saved PDF to High Ciara. Fields marked with an asterisk are required. Each adult who will sign the lease must provide information.

Application date *

Lot or home being applied for, if known

PRIMARY APPLICANT

Legal first name *

Middle name

Last name *

Email address *

Phone *

Current street address *

City *

State and ZIP *

Occupation

Employer

Employer address

Employer contact number

Length of employment

Gross yearly income

Income type or frequency

CURRENT AND PRIOR HOUSING

Current or prior landlord *

Landlord phone *

Time at current residence

Current monthly rent

Reason for moving

Vehicle make, model, year

License plate and state

HIGH CIARA MHP LLC

Household and Co Applicant

CO APPLICANT

Legal first name

Middle name

Last name

Email address

Phone

Current street address

City

State and ZIP

Occupation

Employer

Employer address

Employer contact number

Length of employment

Gross yearly income

Income type or frequency

Current or prior landlord

Landlord phone

Time at current residence

Current monthly rent

Vehicle and plate

OTHER HOUSEHOLD OCCUPANTS

Number of occupants under age 18

List each additional occupant's name and relationship. For each person under age 18, also provide age.

PETS

☐ Yes ☐ No

If yes, list type, breed, approximate weight, and number

HIGH CIARA MHP LLC

Financial and Rental History

BANK REFERENCES

Primary applicant bank or credit union name

Approximate combined balance

Co applicant bank or credit union name

Approximate combined balance

CREDIT AND RENTAL HISTORY

Primary applicant

Bankruptcy during the past seven years?

☐ Yes ☐ No

Ever evicted or asked to leave a rental residence?

☐ Yes ☐ No

Late rental payment during the past two years?

☐ Yes ☐ No

Estimated credit score

Co applicant

Bankruptcy during the past seven years?

☐ Yes ☐ No

Ever evicted or asked to leave a rental residence?

☐ Yes ☐ No

Late rental payment during the past two years?

☐ Yes ☐ No

Estimated credit score

ADDITIONAL INCOME FOR CONSIDERATION

You do not have to disclose alimony, child support, separate maintenance, or a spouse's income unless you want it considered when evaluating this application.

List source, approximate annual amount, and contact person, if any

ADDITIONAL EXPLANATION

Explain any Yes answers above or provide other relevant information

HIGH CIARA MHP LLC

Authorization and Certification

SCREENING AND FAIR HOUSING NOTICE

High Ciara MHP LLC considers applications without regard to race, color, creed, religion, national origin, sex, marital status, familial status, disability, sexual orientation, gender identity, or other status protected by applicable law. All adults who will sign the lease may be asked to complete a separate consumer credit, rental-history, and background screening through the screening provider.

Before any applicant screening fee is collected, High Ciara will provide the screening service contact information and the written criteria used to evaluate the application. A separate authorization may be required by the screening provider. Do not enter a Social Security number, bank account number, or driver's-license number on this form.

APPLICANT CERTIFICATION AND AUTHORIZATION

I certify that the information in this application is true and complete to the best of my knowledge. I authorize High Ciara MHP LLC and its agents to contact the landlords, employers, financial institutions, and references listed in this application to verify information relevant to tenancy. I understand that materially false or omitted information may result in denial of the application or other remedies allowed by law. I consent to receiving application-related communications electronically at the email address provided.

☐ Primary applicant agrees to the certification and authorization above

Primary applicant typed signature *

Date *

☐ Co applicant agrees to the certification and authorization above

Co applicant typed signature

Date

HOW TO RETURN THIS APPLICATION

After completing the form, choose Save As and save the completed PDF to your device. Attach that saved file to an email and send it to highciaramhp@gmail.com. Do not email Social Security numbers, bank account numbers, driver's-license numbers, or copies of identity documents.

FOR HIGH CIARA USE ONLY

Date received

Date reviewed

Reviewed by

Screening fee

Screening requested date

Decision

Owner notes