

**\*Please turn in Application and Credit/ Background check into the Park Manager with the \$30.00 application fee per adult over the age of 18.**

\_\_\_\_\_ Park Name

DE/MD Communities  
**APPLICATION FOR RESIDENCY**

**Proposed Lot:** \_\_\_\_\_

**Proposed Move In Date:** \_\_\_\_\_

**Applicant #1**

**Applicant #2**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Present Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Phone : \_\_\_\_\_

Work Phone : \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

**Proposed Residents – please include any additional adults and children of all ages**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship: \_\_\_\_\_

Pets: \_\_\_\_\_ Auto/Trucks: \_\_\_\_\_



**AMRENT**

875 Greentree Road 8 Parkway Ctr.  
Pittsburgh, PA 15220  
Phone: 866-894-6881  
Fax: 800-324-4595

**Tenant Report Request**

**PARK:** \_\_\_\_\_

**PROPOSED LOT:** \_\_\_\_\_

**TENANT PHONE NUMBER:** \_\_\_\_\_

**APPLICANT INFORMATION:** (Please print all information, if applicable)

**TENANT LAST NAME:** \_\_\_\_\_ **FIRST:** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **MAIDEN:** \_\_\_\_\_

**CO-TENANT LAST NAME:** \_\_\_\_\_ **FIRST:** \_\_\_\_\_ **M.I.:** \_\_\_\_\_ **MAIDEN:** \_\_\_\_\_

**CURRENT ADDRESS(Tenant):** \_\_\_\_\_  
Street Address City State Zip

**PREVIOUS ADDRESS(Tenant):** \_\_\_\_\_  
Street Address City State Zip

**CURRENT ADDRESS(Co-Tenant):** \_\_\_\_\_  
Street Address City State Zip

**PREVIOUS ADDRESS(Co-Tenant):** \_\_\_\_\_  
Street Address City State Zip

**SOCIAL SECURITY #(Tenant):** \_\_\_\_\_ **MALE:** \_\_\_\_\_ **FEMALE:** \_\_\_\_\_

**TIN # (Tenant):** \_\_\_\_\_ **MALE:** \_\_\_\_\_ **FEMALE:** \_\_\_\_\_

**SOCIAL SECURITY #(Co-Tenant):** \_\_\_\_\_ **MALE:** \_\_\_\_\_ **FEMALE:** \_\_\_\_\_

**TIN # (Co-Tenant):** \_\_\_\_\_ **MALE:** \_\_\_\_\_ **FEMALE:** \_\_\_\_\_

**PERSPECTIVE RESIDENT INQUIRY RELEASE AUTHORIZATION**

In connection with my application for residency, I understand that background inquiries may be made on those listed in this request including credit, criminal and other reports. These reports may include information as to my character, credit worthiness, employment status, and general reputation. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past credit, criminal, civil, criminal, civil and other activities.

Without reservation, I authorize any party or agency contacted by this lessor or agent, designated in this release, to furnish the above mentioned information.

**TENANT SIGNATURE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**CO TENANT SIGNATURE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**REPORT(S) REQUESTED BY LESSOR (Please check the appropriate information)**

**Tenant**

Criminal Report, County

State: \_\_\_\_\_

County: \_\_\_\_\_

Felony  
 Felony and Misdemeanor

Do you want the maiden name searched? Yes  No   
(Maiden name search will incur additional charges)

Criminal Record Search State of \_\_\_\_\_

**Co-Tenant**

Criminal Report, County

State: \_\_\_\_\_

County: \_\_\_\_\_

Felony  
 Felony and Misdemeanor

Do you want the maiden name searched? Yes  No   
(Maiden name search will incur additional charges)

Criminal Record Search State of \_\_\_\_\_

**NOTE: Each record will be charged separately**