

Grand View

Summit View

# APPLICATION AND AGREEMENT



Address of home:
Seller/Current Owner:

Office Use Only
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### APPLICANT INFORMATION

FULL NAME - Last, First, Middle	
Previous Last Name(s)	Best Phone Number
Will You Be on the <u>Title</u> to the Home: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Will You <u>Reside in</u> the Home: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Birthdate	Social Security Number
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)	
Email Address (optional):	
Current Street Address	
City, State, Zip Code	
How Long at Present Address?	Years _____ Months _____
Residential Status?	<input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Other Monthly Payment \$
Lienholder/Landlord Name and Phone #	
Previous City/State/Country (if less than 5 years at present)	How Long?
Previous City/State/Country (if less than 5 years at present)	How Long?

### CO-APPLICANT INFORMATION

FULL NAME - Last, First, Middle	
Previous Last Name(s)	Best Phone Number
Will You Be on the <u>Title</u> to the Home: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Will You <u>Reside in</u> the Home: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Birthdate	Social Security Number
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)	
Email Address (optional):	
Current Street Address	
City, State, Zip Code	
How Long at Present Address?	Years _____ Months _____
Residential Status?	<input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Other Monthly Payment \$
Lienholder/Landlord Name and Phone #	
Previous City/State/Country (if less than 5 years at present)	How Long?
Previous City/State/Country (if less than 5 years at present)	How Long?

### APPLICANT'S EMPLOYMENT

Employer	Phone
City/State	Supervisor
Position	How Long?

### CO-APPLICANT'S EMPLOYMENT

Employer	Phone
City/State	Supervisor
Position	How Long?

### CHILDREN UNDER 18

First/Last Name	Date of Birth	Male	Female
First/Last Name	Date of Birth	Male	Female
First/Last Name	Date of Birth	Male	Female

### PETS

<input type="checkbox"/> Dog <input type="checkbox"/> Cat Breed:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat Breed:
<input type="checkbox"/> Dog <input type="checkbox"/> Cat Breed:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat Breed:

### VEHICLE(S)

Make	Model	Year	Color	License Plate #
Make	Model	Year	Color	License Plate #

Have you lived in a Hames community? (Grand View or Summit View)  No  Yes If  
 Yes, address: \_\_\_\_\_ dates from \_\_\_\_\_ to \_\_\_\_\_

**Select Yes or No for both applicants. If the answer is "yes" to any of the questions (1-5), explain below.**

1) Have you, or anyone who will be living in this home, ever been **arrested** on a charge involving the use of illegal drugs, substance abuse or any related charge?  
 Applicant: Yes No Co-Applicant: Yes No  
 If yes, indicate the date of arrests, the name of the arresting authority, the law violations with which you were charged and any other details of which you are aware.

2) Have you, or anyone who will be living in this home, ever been **convicted** of a charge involving the use, manufacture, or distribution of illegal drugs, or any related charge?  
 Applicant: Yes No Co-Applicant: Yes No  
 If yes, indicate the date of convictions, the name of the convicting authority, the law violations with which you were convicted, and any other details of which you are aware.

3) Have you, or anyone who will be living in this home, ever been **convicted of a felony or misdemeanor**?  
 Applicant: Yes No Co-Applicant: Yes No  
 If yes, indicate the date of convictions, the name of the convicting authority, the law violations with which you were convicted and any other details of which you are aware.

4) Have you, or anyone who will be living in this home, ever been a defendant in a **Forcible Entry and Detainer (eviction)** action.  
 Applicant: Yes No Co-Applicant: If Yes No  
 If yes, give details of time and circumstances.

5) Have you, or anyone who will be living in this home, ever been **sued for rent**?  
 Applicant: Yes No Co-Applicant: Yes No  
 If yes, give details of time and circumstances.

Each applicant agrees to the following: I have read the Rules and Regulations of the community and if I am a resident, I agree to abide by them. Furthermore, I represent that the above information contained in this Application and Agreement is true and complete. For the purpose of leasing a home site in this community, Hames Homes is authorized to investigate my credit record, to obtain a credit report, to verify my credit, employment, landlord, and income references. If it ever becomes necessary for service of process upon me, in addition to all other lawful forms and methods of service, I hereby authorize service of process upon any person identified in my resident record or update form to be contacted in case of emergency and I agree that such service shall be deemed good and sufficient for all purposes as if I had been served personally. Finally, I agree that if there is a change in any of the information contained in this application, I will notify the landlord or manager within ten (10) days of the change. The undertakings in this agreement will continue even after the execution of a rental/lease agreement.

Applicant's Signature	Date	Co-Applicant's Signature	Date

Note: You will be asked to present government issued photo identification with this application.  
 All Adults in the home age 18 and over must fill out an application.  
 Check here if you would like to be EXCLUDED from Hames Homes informative monthly newsletters.