



Manufactured Home Community

APPLICATION CHECK LIST

Please bring the following items when submitting your application for residency at Lake Shore Estates or Willow Club. Incomplete applications will only delay the approval process.

APPLICATION:

- Head of household and Co-applicant must be 18 years or older.
- Occupants 18 years and older must complete a separate application.

PHOTO ID:

- All individuals 18 years and older must provide a government issued driver's license, state issued ID or passport.

INCOME VERIFICATION:

- Check stubs – 2 most current stubs or
- Bank Statements – if you have direct deposit or
- Self-employed – provide the previous year's tax records.

\$25 APPLICATION FEE:

- \$25 per person 18 years or older.
- Money order only – NO CASH PLEASE.

Please make sure the application is legible and complete. Once you have completed the application, you may return it to the office between 8:00 am and 5:00 pm – or place it through the door slot.

815 W. Douglas Rd. – Lot #167
Mishawaka, IN 46545
574-272-9933 – Fax 574-271-2939
lakeshore@evergreencommunities.com



LAKE SHORE ESTATES

Manufactured Home Community

COMMUNITY OFFICE USE ONLY						
Homesite # : _____		Estimated Move-In Cost:		CORPORATE OFFICE ONLY:		
Type of Homesite:		<input type="checkbox"/> Required Security Deposit	\$ _____	<input type="checkbox"/> 1st Applicant Score	_____	
<input type="checkbox"/> Private Re-Sale		<input type="checkbox"/> Homesite Rent	\$ _____	<input type="checkbox"/> 2nd Applicant Score	_____	
<input type="checkbox"/> Community Owned Purchase		<input type="checkbox"/> MH Rental Unit	\$ _____	<input type="checkbox"/> Co-Signer Score:	_____	
Cash Sale \$ _____		<input type="checkbox"/> COS Downpayment	\$ _____			
Contract of Sale \$ _____		<input type="checkbox"/> Other Fees	\$ _____			
<input type="checkbox"/> Community Owned Rental		Total Due		DECISION:		
<input type="checkbox"/> Vacant Lot Bringing Home In		\$ _____		<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> CONDITIONAL		
Non-Refundable Application Fee:		Requested Move-in Date: _____				
<input type="checkbox"/> \$25.00 Per Applicant						
APPLICANT INFORMATION						
TODAY'S DATE		PLEASE PRINT CLEARLY TO AVOID DELAYS IN PROCESSING				
FIRST NAME		MIDDLE INITIAL	LAST NAME		SOCIAL SECURITY NUMBER	
FIRST NAME		MIDDLE INITIAL	LAST NAME		DATE OF BIRTH	
IF YOU HAVE USED OTHER NAMES IN THE PAST PLEASE INDICATE:						
FIRST NAME		LAST NAME		DRIVER'S LICENSE # AND STATE		
CONTACT NUMBERS:						
HOME: _____						
CELL: _____						
APPLICANT RESIDENCE HISTORY						
(ALL APPLICANTS MUST PROVIDE AT LEAST 7 YEARS OF HISTORY)						
A: CURRENT ADDRESS: (DO NOT USE P.O. BOXES)						
STREET #:	STREET NAME:		UNIT#:	CITY:	STATE:	ZIP CODE:
LENGTH OF TIME AT THIS ADDRESS:		YRS:	MOS:	MONTHLY MORTGAGE AMOUNT: \$	MONTHLY RENT AMOUNT: \$	
NAME OF LANDLORD OR MORTGAGE HOLDER:					PHONE NUMBER:	
REASON FOR LEAVING:						
B: PREVIOUS ADDRESS: (DO NOT USE P.O. BOXES)						
STREET #:	STREET NAME:		UNIT#:	CITY:	STATE:	ZIP CODE:
LENGTH OF TIME AT THIS ADDRESS:		YRS:	MOS:	MONTHLY MORTGAGE AMOUNT: \$	MONTHLY RENT AMOUNT: \$	
NAME OF LANDLORD OR MORTGAGE HOLDER:					PHONE NUMBER:	
REASON FOR LEAVING:						
C: PREVIOUS ADDRESS: (DO NOT USE P.O. BOXES)						
STREET #:	STREET NAME:		UNIT#:	CITY:	STATE:	ZIP CODE:
LENGTH OF TIME AT THIS ADDRESS:		YRS:	MOS:	MONTHLY MORTGAGE AMOUNT: \$	MONTHLY RENT AMOUNT: \$	
NAME OF LANDLORD OR MORTGAGE HOLDER:					PHONE NUMBER:	
REASON FOR LEAVING:						

APPLICANT EMPLOYMENT INFORMATION

PRESENT STATUS: Full-Time Part-Time Retired Student Unemployed Other Explain:

EMPLOYED BY:	EMPLOYER'S ADDRESS:	POSITION:	HOW LONG:
SUPERVISOR'S NAME:	PHONE NUMBER:	PRESENT INCOME:	OTHER INCOME:
		MONTHLY: \$	MONTHLY: \$
			IF RETIRED OR DISABLED, INCOME: MONTHLY: \$

APPLICANT BACKGROUND INFORMATION

IF YOU ANSWER YES TO ANY QUESTIONS BELOW PLEASE EXPLAIN USING BACK SIDE OF APPLICATION IF NECESSARY

HAVE YOU EVER BEEN CONVICTED OF A FELONY?	<input type="radio"/> NO	<input type="radio"/> YES	
ARE YOU REQUIRED TO REGISTER UNDER THE SEX OFFENDER REGISTRATION ACT OF ANY STATE?	<input type="radio"/> NO	<input type="radio"/> YES	IF YES, WHAT STATE?
HAVE YOU EVER HAD A COLLECTION FILED AGAINST YOU?	<input type="radio"/> NO	<input type="radio"/> YES	
HAVE YOU EVER HAD A LEGAL JUDGMENT FILED AGAINST YOU?	<input type="radio"/> NO	<input type="radio"/> YES	
HAVE YOU EVER HAD A BANKRUPTCY?	<input type="radio"/> NO	<input type="radio"/> YES	
HAVE YOU EVER BEEN EVICTED?	<input type="radio"/> NO	<input type="radio"/> YES	

CO-APPLICANT OR CO-SIGNER INFORMATION

(PLEASE PRINT CLEARLY - TO AVOID DELAYS IN PROCESSING)

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH
			MONTH DAY YEAR
IF YOU HAVE USED OTHER NAMES IN THE PAST PLEASE INDICATE:			CONTACT NUMBERS:
FIRST NAME	LAST NAME	DRIVER'S LICENSE # AND STATE	HOME:
			CELL:

CO-APPLICANT OR CO-SIGNER RESIDENCE HISTORY

(ALL APPLICANTS MUST PROVIDE AT LEAST 7 YEARS OF HISTORY)

A: CURRENT ADDRESS: (DO NOT USE P.O. BOXES)

STREET #:	STREET NAME:	UNIT#:	CITY:	STATE:	ZIP CODE:
LENGTH OF TIME AT THIS ADDRESS:	YRS: MOS:	MONTHLY MORTGAGE AMOUNT: \$	MONTHLY RENT AMOUNT: \$		
NAME OF LANDLORD OR MORTGAGE HOLDER:				PHONE NUMBER:	
REASON FOR LEAVING:					

B: PREVIOUS ADDRESS: (DO NOT USE P.O. BOXES)

STREET #:	STREET NAME:	UNIT#:	CITY:	STATE:	ZIP CODE:
LENGTH OF TIME AT THIS ADDRESS:	YRS: MOS:	MONTHLY MORTGAGE AMOUNT: \$	MONTHLY RENT AMOUNT: \$		
NAME OF LANDLORD OR MORTGAGE HOLDER:				PHONE NUMBER:	
REASON FOR LEAVING:					

C: PREVIOUS ADDRESS: (DO NOT USE P.O. BOXES)

STREET #:	STREET NAME:	UNIT#:	CITY:	STATE:	ZIP CODE:
LENGTH OF TIME AT THIS ADDRESS:	YRS: MOS:	MONTHLY MORTGAGE AMOUNT: \$	MONTHLY RENT AMOUNT: \$		
NAME OF LANDLORD OR MORTGAGE HOLDER:				PHONE NUMBER:	
REASON FOR LEAVING:					

CO-APPLICANT OR CO-SIGNER EMPLOYMENT INFORMATION

PRESENT STATUS: Full-Time Part-Time Retired Student Unemployed Other Explain: _____

EMPLOYED BY:	EMPLOYER'S ADDRESS:	POSITION:	HOW LONG:
SUPERVISOR'S NAME:	PHONE NUMBER:	PRESENT INCOME:	OTHER INCOME:
		MONTHLY: \$	MONTHLY: \$
			IF RETIRED OR DISABLED, INCOME: MONTHLY: \$

CO-APPLICANT OR CO-SIGNER BACKGROUND INFORMATION

IF YOU ANSWER YES TO ANY QUESTIONS BELOW PLEASE EXPLAIN USING BACK SIDE OF APPLICATION IF NECESSARY

HAVE YOU EVER BEEN CONVICTED OF A FELONY?	<input type="radio"/> NO	<input type="radio"/> YES	
ARE YOU REQUIRED TO REGISTER UNDER THE SEX OFFENDER REGISTRATION ACT OF ANY STATE?	<input type="radio"/> NO	<input type="radio"/> YES	IF YES, WHAT STATE?
HAVE YOU EVER HAD A COLLECTION FILED AGAINST YOU?	<input type="radio"/> NO	<input type="radio"/> YES	
HAVE YOU EVER HAD A LEGAL JUDGMENT FILED AGAINST YOU?	<input type="radio"/> NO	<input type="radio"/> YES	
HAVE YOU EVER HAD A BANKRUPTCY?	<input type="radio"/> NO	<input type="radio"/> YES	
HAVE YOU EVER BEEN EVICTED?	<input type="radio"/> NO	<input type="radio"/> YES	

OCCUPANCY INFORMATION

NUMBER OF PEOPLE WHO WILL OCCUPY HOME: ADULTS (OVER 18): _____ CHILDREN (0 THRU 18): _____

NAME(S) OF CHILDREN RESIDING IN HOME:

FULL NAME:	_____	DATE OF BIRTH:	_____
FULL NAME:	_____	DATE OF BIRTH:	_____
FULL NAME:	_____	DATE OF BIRTH:	_____
FULL NAME:	_____	DATE OF BIRTH:	_____
FULL NAME:	_____	DATE OF BIRTH:	_____

EMERGENCY CONTACT INFORMATION

PERSON TO CONTACT IN CASE OF EMERGENCY (AN INDIVIDUAL WHO WILL NOT BE RESIDING IN HOME):

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

RELATIONSHIP: _____

VEHICLE INFORMATION

MAKE / MODEL:	YEAR:	COLOR:	TAG NO:
MAKE / MODEL	YEAR:	COLOR:	TAG NO:
MAKE / MODEL	YEAR:	COLOR:	TAG NO:

MANUFACTURED HOME INFORMATION

MANUFACTURER: _____ MODEL: _____

YEAR: _____ SIZE: _____ VIN: _____

LENDING INSTITUTION: _____ AMOUNT OF MONTHLY MORTGAGE PAYMENT: _____

INSURANCE COMPANY: _____ POLICY #: _____

ARE YOU THE REGISTERED OWNER OF THIS HOME? YES / NO IF NO, NAME OF REGISTERED OWNER OF HOME: _____

DOMESTICATED PETS

All pets must be approved by management prior to moving into Lake Shore Estates MHC, LLC. Farm and animals not allowed. Any misrepresentation on this form is cause for eviction from Lake Shore Estates MHC, LLC. Any of the following will also be most exotic cause for disposal of pet(s) or eviction from the community:

1. Distribution of litters within the park without prior approval from management.
2. Failure to keep pet(s) leashed at all times (day and night); leash not to exceed 10 feet.
3. Failure to clean up after pet.
4. Barking dogs, howling cats or loud noise produced by any other type pet disturbing neighbors.
5. Failure to register existing pets and any pet secured after this date.

PLEASE LIST ALL PETS:

TYPE	BREED	COLOR	AGE	MALE OR FEMALE	WEIGHT	SPAYED?

ACKNOWLEDGMENT

This application must be completed and signed by all adults who will occupy the home on the homesite listed above. Incomplete applications will not be processed. Please allow ample time for information to be verified and for management to complete a background search. Management will notify applicant(s) of status of application. By signing this application, the applicant(s) recognizes that Lake Shore Estates MHC, LLC management may investigate the information supplied by the person(s) above and a full disclosure of pertinent facts may be made to management. I/We hereby affirm that the information provided on this application is true and correct to the best of my/our knowledge, information and belief, and that there will be no one living in the home described above other than those named herein. I understand that this application will be considered incomplete unless signed, dated and accompanied by a non-refundable application fee, proof of identity and proof of income. I/We hereby authorize Lake Shore Estates MHC, LLC to obtain any information and consumer report it deems desirable in the processing of my/our application, including but not limited to credit reports, civil reports, and/or criminal actions, rental history, employment salary/details, police and vehicle records, and any other relevant information. Furthermore, I/we release Lake Shore Estates MHC, LLC, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. I/we agree to pay a non-refundable application fee retained by Lake Shore Estates MHC, LLC as the agreed compensation for credit investigation, processing and verification of the application information, other expenses and/or loss of rent, and Lake Shore Estates MHC, LLC shall have no further obligation to applicant. I/whereby waive any claims for damages as result of non-acceptance of this application, which Lake Shore Estates MHC, LLC may reject. I/we further understand that if my/our application is approved as a resident(s) of this community, all rental activity including but not limited to: late and delinquent payments, NSF checks, collections/judgments, rule violation, damages, abandonment and eviction, will be submitted to a national reporting agency to be permanently recorded and accessible to any subscriber.

X _____
Applicant Signature

_____ Date

_____ Printed Name of Applicant

X _____
Co-Applicant Signature

_____ Date

_____ Printed Name of Co-Applicant

X _____
Co-Signer Signature

_____ Date

_____ Printed Name of Co-Signer

HOW DID YOU HEAR ABOUT LAKE SHORE ESTATES? _____