

FAIR OAKS ESTATES LLL (LAND, LEASE, LIFESTYLE) MOBILE HOME COMMUNITY  
1400 N. ELM ST. FAIRMOUNT, INDIANA 46928  
765-948-3788

BACKGROUND RELEASE FORM

IN CONNECTION WITH MY APPLICATION FOR RESIDENCY, I UNDERSTAND THAT INVESTIGATIVE REPORTS WHICH MAY CONTAIN PUBLIC RECORD INFORMATION MAY BE REQUESTED OR MADE ON ME INCLUDING PREVIOUS LANDLORD(S), PRIOR EMPLOYER(S), VERIFICATIONS(S), CONSUMER CREDIT, CRIMINAL RECORDS, DRIVING RECORDS, EDUCATION, WORKERS COMPENSATION CLAIMS, AND OTHERS. THESE REPORTS MAY EVEN INCLUDE PREVIOUS WORK EXPERIENCE ALONG WITH REASONS FOR TERMINATION OF PAST EMPLOYMENT. THESE RECORDS MAY INCLUDE PREVIOUS LANDLORD FILES THAT MAY INCLUDE REASONS FOR VACATING PREMISES, NON COMPLETION OF LEASE OR EVEN EVICTION, ALONG WITH ANY COURT JUDGEMENTS AGAINST ME.

I HEREBY AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS ABOVE MOBILE HOME COMMUNITY OR AUTHORIZED REPRESENTATIVE THEREOF, TO FURNISH THE ABOVE MENTIONED INFORMATION.

I FURTHER AUTHORIZE ONGOING PROCUREMENT OF THE ABOVE MENTIONED REPORTS AT ANY TIME DURING MY RESIDENCY IN THE ABOVE MENTIONED MOBILE HOME COMMUNITY.

I HAVE THE RIGHT TO MAKE A REQUEST OF EACH PARTY OR AGENCY, UPON PROPER IDENTIFICATION AND THE PAYMENT OF ANY FEES, OF THE INFORMATION IN ITS FILES PERTAINING TO ME AT THE TIME OF MY REQUEST.

PRINT YOUR FULL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

IF UNDER ONE YEAR, LIST PREVIOUS RESIDENCE: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CURRENT TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_

FOR IDENTIFICATION PURPOSES

DRIVERS LICENSE NUMBERS \_\_\_\_\_

DRIVERS LICENSE, ISSUING STATE: \_\_\_\_\_

OTHER OR FORMER NAMES: \_\_\_\_\_

PROFESSIONAL LICENSE: STATE: \_\_\_\_\_ TYPE: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS/RESULTS/FINDINGS:

OFFICER/ OFFICIAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# New Application Checklist

Residents: \_\_\_\_\_

Completed Application(s)	
Application Fees: (\$50 per Adult) Non Refundable	
Background Authorization form(s)	
Proof of Income (last 2 check stubs)	
Copy of Photo ID/ Soc.	
Home / Lot #	
Copy of Title	
Moving/ Transfer Permit	
Mover Info	
Vehicle Registration/ Photo	
Proof of Insurance	
Pets: Breed / Weight	
Pet Info Sheet	
Proof of Vaccinations/ Licenses	
Advised of Pet Deposits/ Fees? (\$150.00 per pet, deposit. \$5 per pet per month Pet Fees) ( Limit 2) Pet Deposits are NON REFUNDABLE	
Lot lease	
Home Lease	
Rules and Regulations	
Mailbox keys	
Weather Radios	
Newsletter	
Entered into Rent Manager: Y/N	
Application Status	

Lot Deposit: \_\_\_\_\_

Home Deposit: \_\_\_\_\_

Pet Deposit: \_\_\_\_\_

## Fair Oaks Estates **Lease Application**

Applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
Current address AND Managers Phone Number:			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Owned    Rented    (Please circle)	Monthly payment or rent:		How long?
Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly    Salary    (Please circle)	Annual income:	
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
Co-applicant Information, if Married			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Owned    Rented    (Please circle)	Monthly payment or rent:		How long?
Co-applicant Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly    Salary    (Please circle)	Annual income:	
References			
Name:	Address:		Phone:
I authorize the verification of the information provided on this form. Including my credit, employment, criminal background, bankruptcy and other judgements, current residency reference and other references.			
Signature of applicant:			Date:
Signature of co-applicant:			Date:

Management's Use Only: Income Verification Attached? \_\_\_\_\_ Lot No.: \_\_\_\_\_ DL/ID Copy Attached?: \_\_\_\_\_  
 Lease-option: Lease Length: \_\_\_\_\_ Mos. Lease Payments: \$ \_\_\_\_\_/Mo.