LEASE/RENTAL APPLICATION

STARDUST MOBILE HOME PARK

One application is required per 2 adults (over 18)

Lot or Address :	Estimated Move-In Date :	Monthly Rent: \$			
Name of Applicant :					
First Name	MI Last Name	(Suffix-Sr., Jr., Etc.) Date of Birth			
Driver's license # & State :	Marital Status:	SSN # :			
Current Address :		_ Current Phone #			
Email Address:	(include City, State & Zip)				
Owner/Agent (name & phone #) :		Current rent: \$			
Date Moved In: Date Mo	oved Out: Reason for This Mov	e :			
Previous Address :		Rental Rate: \$			
Owner/Agent (name & phone #) :					
Date Moved In: Date Mo	oved Out: Reason for Previous	Move :			
2 years rental history required – if more sp	ace is needed, circle HERE and put the information	on an additional sheet.			
Employment Information					
Current Employer :		Supervisor :			
Address :		Phone # :			
Occupation :	Income/Month : \$	Dates worked there:			
Previous Employer :		Supervisor :			
Address :		_ Phone # :			
Occupation :	Income/Month : \$	Dates worked there:			
2 years employment history required – if m	ore space is needed, circle HERE and put the infor	mation on an additional sheet.			
Co-applicant's Info:					
First Name Driver's license # & State :	MI Last Name _ Marital Status:	(Suffix-Sr., Jr., Etc.) Date of Birt			
	(include City, State & Zip)				
	Current rent: \$				
	oved Out: Reason for This Mov				
Owner/Agent (name & phone #) :					
	oved Out: Reason for Previous				

2 years rental history required - if more space is needed, circle HERE and put the information on an additional sheet.

Co-applicant Employment Information

Current Employer :	Supervisor :					
Address :	Phone # :					
Occupation :	Income/Month : \$		Dates worked there:			
Previous Employer :	Supervisor :					
Address :	Phone # :					
Occupation :	Income/Month : \$		Dates worked there:			
2 years employment history required – if	more space	is needed, circ	ele HERE and put the infor	mation on an additional sheet.		
Name(s) of other occupant(s) un		0				
Name:	D.	L. #	Age:	Relationship:		
Name:	D.	L.#	Age:	Relationship:		
Name:	D.	L.#	Age:	Relationship:		
Name:	D.	L.#	Age:	Relationship:		
Emergency Contact Information	Neares	t Living Re	lative (who we should	contact in case neither aj	oplicant is	available)
Name:	Relationship:					
Address:	Phone:					
Have you, your co-applicant, or ar	iy occupan	t listed abov	/e:			
Been evicted or asked to move out?	Y	N	Broken a rental/lease agreement? Y N		Ν	
Declared bankruptcy	Y	Ν	Been sued for nonpayment of rent? Y		Ν	
Please explain any of the above:						
Pet Information : Will you hav See policies for permitted size, type an		Y N	If yes, what kind, bre	eed, and size:		
Vehicle Information						
Make:	_Model:		Year:	License Plate	#:	
Make:	_Model:		Year:	License Plate	#:	
Make:	Model:		Year:	License Plate	#:	

I/We authorize the companies, agencies, and persons named above to provide information regarding my/our character and financial references as prospective tenants and I/We specifically authorize the person/organization to whom this application is given (and its affiliates) to obtain credit, residential, public record information and criminal information from any credit or public reporting agency.

Signing this application indicates that you have had the opportunity to review the landlord's tenant selection criteria. The tenant selection criteria may include factors such as criminal history, credit history, current income, and rental history. If you do not meet the selection criteria, or if you provide inaccurate or incomplete information, your application may be rejected and your application fee will not be refunded.

Each Applicant ("lessee") hereby represents that all of the above statements and information furnished are true and correct and authorizes verification of such. Each applicant acknowledges, understands and agrees that false information shall constitute grounds for rejection of this application or for termination of any lease agreement.

Authorization:

Applicant authorizes Landlord and Landlord's agent, at any time before, during, or after any tenancy to:

- (1) obtain a criminal background check related to Applicant and any occupant,
- (2) verify any rental or employment history or verify any other information related to this application with persons knowledgeable of such information.

Date:
Date:
(date) and shall become a part of the lease agreement between the
STARDUST MOBILE HOME PARK
Manager

Applicant(s) Comments:

SANDELL MOBILE HOMES LLC Stardust Mobile Home Park 2501 Martin Luther King Drive San Angelo, TX 76903

RESIDENT VERIFICATION

DATE://				
APPLICANT NAMES:				
-				
Previous Landlord Name: _				
Address of Rental:				
Dates You Lived There: From _	//	to/_	/	Rent Amount \$
Reason for Moving:				
Previous Landlord Name:				
Address of Rental:				
Dates You Lived There: From _	//	to/_	/	Rent Amount \$
Reason for Moving:				
Previous Landlord Name:				
Address of Rental:				
Dates You Lived There: From _	//	to/_	/	Rent Amount \$
Reason for Moving:				

The applicant hereby gives Sandell Stardust Park LLC and its authorized agents permission to contact the above referenced landlords as part of their application screening process.