



MANUFACTURED HOMESITE RENTAL APPLICATION

160 N. Prospect Ave. • Ogilvie, MN 56358 • 320.333.8684 • 877.697.8684 (fax)

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MANUFACTURED HOMESITE RENTAL APPLICATION INTRODUCTION

Dear Applicant,

All of us at Tower View would like to thank you for considering Tower View (hereinafter, the Community) for your home. To be considered for residency in the Community, applicants need to complete the following prior to submitting the Rental Application:

- Read and agree to comply with the terms and conditions of the Community Rental Agreement.
- Read and agree to comply with the Community's Rules & Regulations.
- Truthfully answer as much of the information in this Rental Application as possible.

If you have any questions for any of the documents listed above or you need assistance completing the Rental Application please call: (320) 333-8684 or Email us at: towerview@plprop.com.

Sincerely,
Community Management

RENTAL AGREEMENT INSTRUCTIONS:

- 1) Applicants and their spouses can submit one application. If an Applicant wishes to have more than one individual's income considered for a lease to be accepted OR if another individual will be on the lease and that person is not a spouse of the applicant, then a separate co-applicant application must be submitted and tenant screening fee must be paid. All occupants must pass a criminal search.
- 2) Any spaces on the Application with bold headings must be completed. If no information is available in bold space sections just write "N/A."
- 3) The more information completed on the application, the better chance an application will be accepted.
- 4) Submit completed application(s) with a certified check or money order payable to: **TOWER VIEW.** (NOTE: We do not accept cash)
- 5) Bring two (2) government issued identification cards with one containing a photo to be photocopied. (Examples: Drivers License, Voters Card, Social Security Card, Library Card, Car Registration, etc.).
- 6) Bring a utility bill statement showing the name and current mailing address of the Applicant to be photocopied: (Examples: Electric Bill, Gas Bill, Cable Bill, Telephone Bill, Water/Sewer Bill, etc.)

Applicant Do's and Don'ts to consider before completing and submitting this Application for residency in Tower View Manufactured Housing Community.

Do complete this application if you want...

- To live in a rental community with one of the lowest rents in the state of Minnesota.
- To live in a nicely managed, quiet property.
- To be conveniently located in the town of Ogilvie within walking distance of City Hall, the post office, banks, gas stations, businesses, schools, etc.
- To live in a thriving updated manufactured housing rental community.
- Convenient access to major highways.
- To drive only 10 minutes East to the city of Mora, 40 minutes West to the city of St. Cloud and only 90 minutes to Minneapolis St. Paul international airport.

Do NOT complete this application if you have...

- No intention of complying with the terms and conditions of your Rental Agreement.
- No intention of complying with the Community's Rules & Regulations.
- Can not pass any of the following criminal search criteria:
 - Been convicted of any type of sexual crime - at any time.
 - Been convicted of a felony for drugs or causing physical or emotional harm to others in the last ten (10) years.
 - Multiple evictions in the last ten (10) years.
- Poor credit as a result of not paying your bills (with the exception of medical bills).

IMPORTANT NOTICE:

AS OF NOVEMBER 01, 1997 SLAB-ON-GRADE FOUNDATIONS ARE REQUIRED FOR ALL HOMES COMING INTO TOWER VIEW. ALL FOUNDATIONS WILL BE INSTALLED BY TOWER VIEW AND CAN ONLY BE INSTALLED BETWEEN THE DATES OF MAY 15 AND NOVEMBER 15 OF EACH YEAR. RESERVATIONS CAN BE MADE TO HOLD YOUR SPOT DURING THE BLACKOUT PERIOD.





Rental Application

This application is being completed for (Please check one):

Applicant (Including Spouse):

Co-Applicant:

Applicant Information

First Name:	Middle:	Last Name:
Social Security Number (xxx-xx-xxxx):	Date of Birth (mm/dd/yyyy):	
Drivers License No.:	State Issued (Drivers License):	
Cell/Mobile Phone No.:	Other Phone (Not Work):	
Current Mailing Address (PO Box, Street Address, Etc.):		Unit/Lot/Apt. No.:
City:	State:	Zip Code:
Email Address:	Nick Name (e.g. Robert = Bob):	

***NOTE: If spouse or domestic partner's income and/or information is to be considered for your application to be accepted then the information below must be completed.**

Spouse/Partner/Co-Applicant Information

First Name:	Middle:	Last Name:
Social Security Number (xxx-xx-xxxx):	Date of Birth (mm/dd/yyyy):	
Drivers License No.:	State Issued (Drivers License):	
Cell/Mobile Phone No.:	Other Phone (Not Work):	
Email Address:	Nick Name (e.g. Christina = Tina):	

Community Homesite Information

Homesite Mailing Address:		Requested Lot/Unit No:
City:	State:	Zip Code:
Requested Move-In Date:	Term:	Current Rent:

Income Information

Please check here if you are retired: (Complete Additional Income Information Below)

Employer Name (Applicant):			
Address:		City:	State: Zip Code:
Currently Employed:	How Long:	Estimated Monthly/Yearly Income:	

Please check here if you are retired: (Complete Additional Income Information Below)

Employer Name (Spouse/Partner/Co-Applicant):			
Address:		City:	State: Zip Code:
Currently Employed:	How Long:	Estimated Monthly/Yearly Income:	

Additional Income Information

Income Source (Applicant):	Estimated Monthly/Yearly Income:
Verification Contact Name:	Verification Contact Phone:

Income Source (Spouse/Partner/Co-Applicant):	Estimated Monthly/Yearly Income:
Verification Contact Name:	Verification Contact Phone:

Personal/Credit Reference

Name:	Relationship:	Related To:	Phone:

Banking Information

Bank Name:	Account Type (Checking, Saving, Etc.):
Account Number:	Account Owner (Applicant/Joint):

Bank Name:	Account Type (Checking, Saving, Etc.):
Account Number:	Account Owner (Spouse/Partner/Co-Applicant):

Home Information

Year:	Make:	Model Name:	Model No.:	Home Serial No.:		
Width:	Length:	Description: No. of Rooms ▶	<u>Bed</u>	<u>Den/Office</u>	<u>Family/Living</u>	<u>Dining/Kitchen</u>
Homeowners Insurance Company Name:				Homeowners Insurance Policy Number:		

Home Requirements;

The homes of all new tenants entering the Community must be visually defect free. All siding must be in non-faded like-new condition. Poorly maintained and/or visually unappealing homes will not be allowed into the Community.

Current pictures of homes exteriors must be submitted with every Application. If the pictures are not current or if they are altered and/or do not accurately reflect the current condition of the home it will not be allowed into the community and the Rental Agreement will be void.

All homes coming into Tower View are subject to interior/exterior inspection to ensure each home conforms to Minnesota state laws. Homeowners are required to bring their homes in compliance with Minnesota state laws within thirty (30) days of entering the Community.

Rental Information (10 Year History)

Current Physical Address (May be different than mailing address):		Unit/Lot/Apt. No.:
City:	State:	Zip Code:
Property Name:	Manager/Landlord Name:	Business Phone:
Move-In Date:	Move-Out Date:	Total Length of Stay:

Prior Address #1:		Unit/Lot/Apt. No.:
City:	State:	Zip Code:
Property Name:	Manager Name:	Business Phone:
Move-In Date:	Move-Out Date:	Total Length of Stay:

Prior Address #2:		Unit/Lot/Apt. No.:
City:	State:	Zip Code:
Property Name:	Manager Name:	Business Phone:
Move-In Date:	Move-Out Date:	Total Length of Stay:

Prior Address #3:		Unit/Lot/Apt. No.:
City:	State:	Zip Code:
Property Name:	Manager Name:	Business Phone:
Move-In Date:	Move-Out Date:	Total Length of Stay:

Automobile/Vehicle Information

Make:	Model:	Year:	Color:
Vehicle Identification Number (VIN):		License Plate Number:	
Automobile Insurance Company Name:		Automobile Insurance Policy Number:	

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Vehicle Identification Number (VIN):		License Plate Number:	
Automobile Insurance Company Name:		Automobile Insurance Policy Number:	

Pet Information

Sorry, We Do Not Allow Dogs

Type (Bird, Cat, etc.):	Breed (Parakeet, Siamese, etc.):	Color:	Est. Weight:
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Additional Property/Home Occupants

Age 18 and Older (Criminal Search Required)

Name:	Social Security Number

Additional Information

In the past ten (10) years have you ever...:

Been convicted of a Felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Been asked to vacate a property, served an eviction notice or been evicted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Failed to pay rent when due?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Been sued for unlawful detainer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Filed for bankruptcy or had a judgment against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Acknowledgement

I represent that the information provided in this application is true, complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information is grounds for the application being denied or eviction for up to twelve (12) months following the application being accepted.	Initial:
I understand that the information provided might be used by the landlord to determine whether to accept this application. I authorize the landlord to verify all the information given in this application, including past rental information, personal references and employment information provided. I authorize the landlord to obtain a current credit and criminal background report.	Initial:
I understand that this application is not a rental agreement and this application does not create any obligation on the landlord.	Initial:
I have read and agree to comply with the terms and conditions of the Community Lease. Additionally, I have read and agree to comply with the Community's Rules & Regulations.	Initial:

The undersigned represents that the information provided in this application is true, complete and accurate to the best of my knowledge. I understand that any misrepresentations or omission of information is grounds for eviction.

Applicant

Spouse/Partner/Co-Applicant

Print Name:

Print Name:

Signature:

Signature:

Date:

Date:

Office Use Only – Do Not Write Below

Item	Application Verification	Source Contacted	Remarks		
			Satisfactory	Not Satisfactory	Not Applicable
1.	Income Information (Applicant):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Income Information (Spouse/Partner/Co-Applicant):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Additional Income (Applicant):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Additional Income (Spouse/Partner/Co-Applicant):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Personal/Credit Reference #1:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Personal Credit Reference #2:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Personal Credit Reference #3:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Bank Reference:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Current Landlord Reference:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Prior Landlord Reference #1:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Prior Landlord Reference #2:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Criminal Background Check:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Credit Bureau Check:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item	Comments

Fees Received Description:	Amount Received	Date Received:	Received By (Initial):
Application Fee (\$25 Max.):	N/A	N/A	N/A
Screening Fee (\$34/Applicant):			
Criminal Search Fee (\$17/Occupant):			
Reservation Fee (\$100 Max.): (Between 11/16 and 05/14)			

Verification Completed By (Please Print): _____

Date: _____

Signature: _____

This Application (Check One): Is Approved Is NOT Approved

