

CLOVER ESTATES MOBILE HOME COMMUNITY
3239 CLOVER PARKWAY
MUSKEGON, MI 49444
231-777-3797
RENTAL APPLICATION

Return With: \$44/Person Application Fee / Driver's Licenses / Proof of All Income (60 Days)

APPLICANT _____			SOC SEC NO. _____		
DRIVERS LICENSE # _____		BIRTHDATE _____		E-MAIL _____	
PRESENT ADDRESS _____			CITY _____		
STATE _____		ZIP CODE _____		PHONE _____	
LENGTH OF TIME AT PRESENT ADDRESS _____			PMT/MO. \$ _____		ARE YOU RENTING ? _____ (Y/N)
NAME OF COMPLEX _____			MANAGER/OWNER NAME _____		
TELEPHONE NUMBER ____ (____) _____					
PREVIOUS ADDRESS _____		CITY _____		STATE _____	ZIP _____
APPLICANTS EMPLOYER _____		HIRE DATE _____		POSITION _____	
ADDRESS _____		PHONE _____		SUPERVISOR _____	
TYPE OF BUSINESS _____		MONTHLY INCOME \$ _____		# OF DEPENDENTS _____	

CO-APPLICANT _____			SOC SEC NO. _____		
DRIVERS LICENSE # _____		BIRTHDATE _____		E-MAIL _____	
PRESENT ADDRESS _____			CITY _____		
STATE _____		ZIP CODE _____		PHONE _____	
LENGTH OF TIME AT PRESENT ADDRESS _____			MO. PMT \$ _____		ARE YOU RENTING ? _____ (Y/N)
NAME OF COMPLEX _____			MANAGER/OWNER NAME _____		
TELEPHONE NUMBER ____ (____) _____					
PREVIOUS ADDRESS _____		CITY _____		STATE _____	ZIP _____
APPLICANTS EMPLOYER _____		HIRE DATE _____		POSITION _____	
ADDRESS _____		PHONE _____		SUPERVISOR _____	
TYPE OF BUSINESS _____		MONTHLY INCOME \$ _____		# OF DEPENDENTS _____	



CLOVER ESTATES MOBILE HOME COMMUNITY
3239 CLOVER PARKWAY
MUSKEGON, MI 49444
231-777-3797

OCCUPANT INFORMATION

NAME (LAST, FIRST)

DATE OF BIRTH

RELATIONSHIP

HOME INFORMATION

ADDRESS _____ CURRENT OWNER _____
MAKE/YEAR _____ SIZE _____ NO. OF BEDROOMS _____
FINANCED BY: _____ TELEPHONE NO. (____) _____
PURCHASE PRICE _____ DOWN PAYMENT _____

A RESALE INSPECTION MUST BE COMPLETED BEFORE PAPERWORK IS FINALIZED.

PHOTOGRAPHS MUST BE REVIEWED IF HOME IS BEING RELOCATED TO OUR COMMUNITY.

FOR YOUR PERSONAL SAFETY, A FIRE EXTINGUISHER(S) AND SMOKE DETECTOR(S) ARE REQUIRED IN THE HOME. DO YOU HAVE THEM? YES ___ NO ___

MANAGEMENT IS TO SEE PROOF OF HOME OWNERSHIP/TRANSFER-DO YOU HAVE PROOF OF OWNERSHIP?
YES ___ NO ___

CREDIT INFORMATION

List below all borrowing experiences, credit cards, past and present, including finance and loan companies, banks, stores, medical bills, installment purchases, automobile loans, and any obligations of alimony or child support or separate maintenance payments. (Attach additional sheets if necessary)

CREDITOR

BALANCE

MO. PMT

TYPE

OTHER INCOME: You are not required to disclose income from alimony or child support or separate maintenance payments. However, if you are relying on income from any of these as a means of payment of this obligation, please complete the following:

ADDITIONAL MONTHLY INCOME: \$ _____ SOURCE: _____

HAVE YOU FILED FOR BANKRUPTCY WITHIN LAST 10 YEARS? YES ___ NO ___

PETS

DO YOU HAVE PETS? YES ___ NO ___ IF YES, WHAT TYPE & BREED _____

EMERGENCY INFORMATION

NOTIFY IN CASE OF EMERGENCY: _____

ADDRESS: _____ RELATIONSHIP _____ PHONE: (____) _____



CLOVER ESTATES MOBILE HOME COMMUNITY
3239 CLOVER PARKWAY
MUSKEGON, MI 49444
231-777-3797

**THANK YOU FOR APPLYING FOR
RESIDENCY AT OUR COMMUNITY**

Thank you for giving us the opportunity to serve you. We would like to know how you heard about us. Please take a moment to let us know.

☐ Referral by friend or relative	☐ Newspaper ad (which paper?) _____
☐ Dealer Referral (Name?) _____	☐ TV/Radio (which station?) _____
☐ Sign or Billboard (Location?) _____	☐ Driving By _____
☐ Website _____	☐ Other _____

TENANT CONSENT

I (we) hereby warrant to the truth of this RENTAL APPLICATION in its entirety. Further, I (we) recognize that any falsification on this application can be grounds to deny acceptance into the community or reasonable grounds for eviction proceedings. I (we) authorize the management to perform a credit investigation to verify the above reported information which pertains to my (our) credit and financial responsibility and agree to pay the Rental Application Fee if any.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

CREDIT, CRIMINAL AND EVICTION REPORT – The undersigned applicant(s) and co-signer(s) hereby consent to allow Clover Estates LLC (Owner), itself or through its designated agents or employees, to obtain a consumer/eviction report and criminal record information on each of us and to obtain and verify each of our credit and employment information for the purpose of determining whether to lease a mobile home lot to me/us. I/we also agree and understand that the owner and its agents and employees may obtain additional consumer reports and criminal record reports on each of us in the future to update or review our account. Upon my/our request, owner will tell me/us whether consumer reports or criminal record reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

Applicant

Dated: _____

Applicant

Dated: _____

Co-Signer

Dated: _____

\$44.00 P/PERSON APPLICATION FEE PAID? ☐ **YES** ☐ **NO**

CHECK # _____ **MONEY ORDER#** _____

CASH NOT ACCEPTED



CLOVER ESTATES MOBILE HOME COMMUNITY
3239 CLOVER PARKWAY
MUSKEGON, MI 49444
231-777-3797

TO ALL NEW TENANTS:

IF YOU ARE PURCHASING A HOME FROM A **“FOR SALE BY OWNER”** HERE IN THE PARK, YOU MUST MAKE SURE THAT THE PERSON WHO SELLS YOU THE HOME HAS A FINAL WATER METER READING. THEY MUST PAY THEIR FINAL WATER BILLING. SHOULD THE SELLER NOT PAY IT, YOU WILL BE RESPONSIBLE FOR THAT BILLING.

SHOULD THE HOMEOWNER OWE CLOVER ESTATES ANY PAST DUE LOT RENT, THIS MUST ALSO BE PAID IN FULL BEFORE THE NEW TENANT MOVES IN. A LEASE WILL NOT BE AVAILABLE UNTIL THIS IS PAID IN FULL. YOU WILL ALSO BE RESPONSIBLE FOR THE PAST DUE LOT RENT IF IT IS NOT PAID BY THE TIME YOU SIGN A LEASE WITH CLOVER ESTATES.

YOU MUST PROVIDE CLOVER ESTATES OFFICE WITH A COPY OF THE MOBILE HOME TITLE, SHOWING IT HAS BEEN TRANSFERRED INTO YOUR NAME.

I AGREE TO THE ABOVE:

_____/_____
TENANT PRINTED NAME

DATED: _____

_____/_____
TENANT SIGNATURE

CLOVER ESTATES REPRESENTATIVE

DATED: _____



CLOVER ESTATES MOBILE HOME COMMUNITY
3239 CLOVER PARKWAY
MUSKEGON, MI 49444
231-777-3797

VERIFICATION OF RENTAL HISTORY

To: _____ Date: _____

Re Landlord Verification For: _____

Address: _____

Dates of Occupancy: _____ to _____

Name(s) on Lease: _____

Lease Expiration Date: _____

Monthly Rental Amount: _____

Utilities Included: _____

Is Rent Current? _____ Amount Past Due: _____

Number of Late Payments: _____ Number of NSF's: _____

Number of Times Taken To Court: _____

Number and Type of Pets: _____

Number of Persons Occupying Home: _____

Was Home Kept In Good Condition? _____

Was Yard Kept In Good Condition? _____

Was Proper Notice Given to Vacate? _____

Was Lease Fulfilled? _____

Would You Re-Rent to This Tenant? _____

Additional Comments/Remarks: _____

APPLICANT, PLEASE PRINT AND SIGN BELOW:

I, _____, give permission for the above requested information to be released.

Signature of Applicant _____ Date: _____



CLOVER ESTATES MOBILE HOME COMMUNITY
3239 CLOVER PARKWAY
MUSKEGON, MI 49444
231-777-3797

VERIFICATION OF EMPLOYMENT

To: _____ Date: _____

Dates of employment: _____ to _____

Wage / Salary: _____ Hrly / Wkly / BW / SM / M

Average Hours Per Week: _____

Are there set layoff periods? _____

Is continued employment expected? _____

Company Name: _____

Signature of Employer/Agent: _____

Printed Name of Employer/Agent: _____

Title: _____

Dated: _____

APPLICANT, PLEASE PRINT AND SIGN BELOW:

I, _____, give permission for the above requested information to be released.

Signature of Applicant _____ Date: _____



CLOVER ESTATES MOBILE HOME COMMUNITY
3239 CLOVER PARKWAY
MUSKEGON, MI 49444
231-777-3797

VERIFICATION OF RENTAL HISTORY

To: _____ Date: _____

Re Landlord Verification For: _____

Address: _____

Dates of Occupancy: _____ to _____

Name(s) on Lease: _____

Lease Expiration Date: _____

Monthly Rental Amount: _____

Utilities Included: _____

Is Rent Current? _____ Amount Past Due: _____

Number of Late Payments: _____ Number of NSF's: _____

Number of Times Taken To Court: _____

Number and Type of Pets: _____

Number of Persons Occupying Home: _____

Was Home Kept In Good Condition? _____

Was Yard Kept In Good Condition? _____

Was Proper Notice Given to Vacate? _____

Was Lease Fulfilled? _____

Would You Re-Rent to This Tenant? _____

Additional Comments/Remarks: _____

APPLICANT, PLEASE PRINT AND SIGN BELOW:

I, _____, give permission for the above requested information to be released.

Signature of Applicant _____ Date: _____



CLOVER ESTATES MOBILE HOME COMMUNITY
3239 CLOVER PARKWAY
MUSKEGON, MI 49444
231-777-3797

VERIFICATION OF EMPLOYMENT

To: _____ Date: _____

Dates of employment: _____ to _____

Wage / Salary: _____ Hrly / Wkly / BW / SM / M

Average Hours Per Week: _____

Are there set layoff periods? _____

Is continued employment expected? _____

Company Name: _____

Signature of Employer/Agent: _____

Printed Name of Employer/Agent: _____

Title: _____

Dated: _____

APPLICANT, PLEASE PRINT AND SIGN BELOW:

I, _____, give permission for the above requested information to be released.

Signature of Applicant _____ Date: _____

