

***Please turn in Application and Credit/ Background check into the Park Manager with the \$30.00 application fee per adult over the age of 18.**

_____ Park Name

DE/MD Communities
APPLICATION FOR RESIDENCY

Proposed Lot: _____

Proposed Move In Date: _____

Applicant #1

Applicant #2

Name: _____

Name: _____

Present Address: _____

Present Address: _____

Social Security #: _____

Social Security #: _____

Date of Birth: _____

Date of Birth: _____

Phone #: _____

Phone #: _____

Email Address: _____

Email Address: _____

Present Employer: _____

Present Employer: _____

Job Title: _____

Job Title: _____

Work Phone : _____

Work Phone : _____

Monthly Income: _____

Monthly Income: _____

Proposed Residents – please include any additional adults and children of all ages

Name: _____ D.O.B. _____ Relationship: _____

Pets: _____ Auto/Trucks: _____

KDM DEVELOPMENT

1080 Pittsford Victor Rd. Ste. 202
Pittsford, NY 14534
Phone: 585-381-0570

Tenant Report Request

PARK: _____

PROPOSED LOT: _____

TENANT PHONE NUMBER: _____

APPLICANT INFORMATION: (Please print all information, if applicable)

TENANT LAST NAME: _____ **FIRST:** _____ **M.I.** _____ **MAIDEN:** _____

CO-TENANT LAST NAME: _____ **FIRST:** _____ **M.I.:** _____ **MAIDEN:** _____

CURRENT ADDRESS(Tenant): _____
Street Address City State Zip

PREVIOUS ADDRESS(Tenant): _____
Street Address City State Zip

CURRENT ADDRESS(Co-Tenant): _____
Street Address City State Zip

PREVIOUS ADDRESS(Co-Tenant): _____
Street Address City State Zip

SOCIAL SECURITY #(Tenant): _____ **MALE:** _____ **FEMALE:** _____

TIN # (Tenant): _____ **MALE:** _____ **FEMALE:** _____

SOCIAL SECURITY #(Co-Tenant): _____ **MALE:** _____ **FEMALE:** _____

TIN # (Co-Tenant): _____ **MALE:** _____ **FEMALE:** _____

PERSPECTIVE RESIDENT INQUIRY RELEASE AUTHORIZATION

In connection with my application for residency, I understand that background inquiries may be made on those listed in this request including credit, criminal and other reports. These reports may include information as to my character, credit worthiness, employment status, and general reputation. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past credit, criminal, civil, criminal, civil and other activities.

Without reservation, I authorize any party or agency contacted by this lessor or agent, designated in this release, to furnish the above mentioned information.

TENANT SIGNATURE: _____ **DATE OF BIRTH:** _____

CO TENANT SIGNATURE: _____ **DATE OF BIRTH:** _____

REPORT(S) REQUESTED BY LESSOR (Please check the appropriate information)

Tenant

Criminal Report, County

State: _____

County: _____

Felony
 Felony and Misdemeanor

Do you want the maiden name searched? Yes No
(Maiden name search will incur additional charges)

Criminal Record Search State of _____

Co-Tenant

Criminal Report, County

State: _____

County: _____

Felony
 Felony and Misdemeanor

Do you want the maiden name searched? Yes No
(Maiden name search will incur additional charges)

Criminal Record Search State of _____

NOTE: Each record will be charged separately