

Hillcrest Mobile Home Tenants Association, Inc.

Application for Membership

All information must be filled out completely. Incomplete applications will be returned to the applicant(s). If a question does not apply, place "n/a" in the space provided. Please print all information legibly.

Applying for:		(Address)
Current owner:		
Applicant:		
Co-applicant:		
(if more than two applicants, please a	isk for an additional application))
Name(s) on Title:		
Current address:		(street)
		(city, state, zip)
Home phone:	Work phone:	
Length of time at this address:		
Current landlord:	Phone:	
If less than three (3) years at curren	nt address, list previous addre	esses:
Address (street, city, state, zip):		
Landlord		
Address (street, city, state, zip):		

Landlord	Phone:	
Applicant employer:	Phone:	
Address:		
Co-applicant employer:	Phone:	
Address:		
Please list all monthly income to	o be considered towards payment of lot rent:	
Applicant income: Income amount \$ Income amount \$ Income amount \$ Total monthly income \$ Anticipated monthly expenses:	Income amount \$ Income amount \$	
Mortgage(s):	Car Payment(s):	
Electric:	Auto Insurance:	
Cable/Internet:	Homeowners Ins.:	
Heat:	Phone(s):	
Other:		
Number of persons who plan to	occupy home	
Are you or any members of your	r household required to register as a sex offender?	
\square Yes \square No		
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Please list three personal (not professional) references who can speak to your likelihood to pay your rent in a timely manner, obey the community rules and be a good Association member. References may not include relatives.

1. Name:	Phone:
Relationship:	
2. Name:	Phone:
Relationship:	
3. Name:	Phone:
Relationship:	

Please read the following information before signing this application:

To join Hillcrest Mobile Home Tenants Association, I/we are aware that a Membership Fee of \$100.00 must be paid before I/we occupy the home. I/we understand that I/we may not move in until approval is made. I/we understand that the home must be lived in by the family/household purchasing and cannot be rented out except under extraordinary circumstances as determined by the Association. I/we understand that at least one household member must be aged 55 or older. I/we understand that this application in no way guarantees my/our acceptance into the Association /Community. I/we authorize the Association to obtain information from current/former employers, friends and current/previous landlords. I/we hold harmless the Association, its contracted Property Manager, and its employees and/or tenants, from any action arising from these inquiries.

The Association does not discriminate based on age, sex, race, religious creed, color, marital status, marital status, familial status, physical or mental handicap, blindness, hearing impairment, ancestry, receipt of public assistance, veteran status or membership in the armed forces, children or national origin or on account of that person's sexual orientation in the approval of its members.

Member household must have at least one person aged 55 or older to be eligible.

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If any information in this application is found to be false, this is immediate grounds for denial of membership.

Disclaimer: I/we understand that should I/we be accepted as a member of the Association, misrepresentation of information on this Application for Membership may be grounds for member expulsion according to the Association Bylaws. Such expulsion would result in the loss of membership. Loss of membership/expulsion would result in the loss of voting privileges, loss of member credit toward rent, and may lead to eviction. By signing this application, I/we attest that this is accurate and true information to the best of my/our knowledge.

Applicant signature:	Date:
Co-applicant signature:	Date:

NOTE: Applications that are incomplete, illegible and/or are not accompanied by the proper documentation will be returned to the applicant(s) and considered as NOT having applied for tenancy in a manufactured housing community relative to 940 C.M.R. 10.01(2).