

Spring Hill Park LLC

Application Instructions

Phone: 845-298-2927 email: info@springhillparkllc.com

Applications take 24-72 hours to process.

Instructions for Application:

Section A: Every question must be answered for both applicants.

Section B: Every question must be about the manufactured home

Section C:

All motor Vehicles must be listed

Section D: All questions must be answered Y (yes) or N (no).

Section E: All questions must be answered. References 2 are required and cannot be related to you.

Section G: Application fee must be cash, money order or certified check and needs to be submitted with the application.

Section H: The application must be signed by both applicants and dated.

Proof of Insurance must be submitted upon closing.

Failure to fill out the application completely will slow down the approval, until all information is obtained.

If you have pet(s) a pet application (attached) must also be completed.

Lot Number _____

Previous Owner _____

Spring Hill Park LLC

1839 South Rd Wappingers Fall, NY 12590

845-298-2927 info@springhillparkllc.com

Applicant

Co-Sign / Co-applicant

Co

Name _____

Name _____

Social Security No. _____

Social Security No. _____

Date of Birth _____

Date of Birth _____

Driver's License State & # _____

Driver's License State & # _____

E-mail _____

Email _____

Phone# _____

Phone # _____

Address _____

Address _____

City, State Zip _____

City, State Zip _____

Other that will be residing at this location, if any

Previous address if less than 2 years. _____

Previous address if less than 2 years _____

In case of Emergency name and Number

In case of Emergency name and Number

.....
Employer _____

Employer _____

Address _____

Address _____

City, State Zip _____

City, State Zip _____

Years _____

Years _____

Previous employer if less than 2 years:

Previous employer if less than 2 years:

Gross Pay Monthly \$ _____

Gross Pay Monthly \$ _____

Total years working _____

Total years working _____

THIS APPLICATION, MUST BE RETURNED TO THE ABOVE ADDRESS

Atten: Frank Algier Application Fee must accompany the application

Lot _____

Previous Owner _____

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Home Information:

Manufacturer _____ Model _____ Size _____ Serial _____

Mortgage Lender _____

Purchase amount _____ Down Payment _____ Term Length _____

.....

Motor Vehicle(s) Owned:

Year _____ Make _____ Model _____ Plate _____

Year _____ Make _____ Model _____ Plate _____

.....

Are you moving an existing home into the Community? _____ yes _____ no

If yes we will need pictures to accompany the application. Pictures should include all sides of the home.

Date you would like to move into the community? _____

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References: Name and contact Number of 2 people not related to you

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Application fee \$20.00 Lot Rent _____ Security Deposit \$ _____

Security Deposit will be 1 month's rent

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Lot _____

Previous Owner _____

NO BOATS, ATVS, GOLF CARTS, RVs, OR ANY OTHER RECREATIONAL VEHICLE IS ALLOWED TO BE KEPT OR DRIVEN IN THE COMMUNITY

SUBLETTING YOUR HOME IS EXPRESSLY FORBIDDEN

IT IS UNDERSTOOD THAT HOME OWNER'S INSURANCE MUST BE PURCHASED AND MAINTAINED. Spring Hill Park LLC needs to be listed as additionally insured.

If purchasing a home Real Property Tax and School Tax for the assessed value of your home will be included in your lot rent.

If purchasing a home a Community Approved shed will be required, no later than six (6) months after moving into the community.

I/We certify that the answers given by me/us in this application are correct to the best of my/our knowledge. I/We understand that falsification of this application, whether willingly or accidental, is grounds for disqualification of residency in the community, or grounds for eviction if I/We was approved.

I/We certify that I/we have read the Community Rules and Regulations and will abide by them.

I/We certify that I/we can read and understand English.

We will do a credit check and background check on all applicants. By signing this application you are giving us the authority to do so.

Applicant's Signature _____ Date _____

Co- Applicant/ Co-Signer Signature _____ Date _____

**THIS APPLICATION MUST BE RETURNED TO THE ABOVE ADDRESS
Attention: Frank Algier Application fee must accompany application**