

Lake Bluff Retirement Community, LLC
401 Kenneally Boulevard
Gladstone, MI 49837
Ph:906-428-0085

TENANT INFORMATION

Full Name: _____
Social Security #: _____
Date of Birth: _____
Drivers Lic. #: _____
State: _____
Present Address: _____

Phone #: _____
Email: _____
How Long: _____ Rental YES / NO
Monthly Payment: _____
Landlord and Tel #: _____

Employer (PROOF OF INCOME required): _____

Have you ever been arrested: _____
Explain: _____

Have you ever been found guilty of possession of an illegal substance? YES / NO

Are there any unsatisfactory judgements against you? YES / NO

Have you ever declared bankruptcy? YES / NO If yes, when _____

Have you ever been sued for Eviction? YES / NO If yes, when _____

Has the APPLICANT, CO-APPLICANT or any other OCCUPANT been convicted of a felony? YES/ NO

If yes, please explain: _____

If you are approved to occupied the home you must bring a copy of the title in your name to the Park Office within 30 days of occupancy.

I/ We certify that the information provided is true and correct to the best of my/our knowledge and false information provided, will void approval for residency.

Signature: _____

Signature: _____

Date: _____

Date: _____

VEHICLES: Rules permit no more that 2 vehicles per household

1. Make: _____ Year: _____ State of registration: _____ License #: _____

2. Make: _____ Year: _____ State of registration: _____ License #: _____

Name of additional occupants (rules state a \$10.00 per month fee will be charged for additional occupants). A separate application must be filled out for any additional occupants.

Full Name: _____ Date of Birth: _____

PETS: Rules allow for one pet. No vicious breed dogs. All pets must be pre-registered with the Community office.

Do you have a pet? YES / NO. What type of pet: CAT / DOG Breed: _____

(copy of health certificate. Must present copy of current vaccination prior to moving pet into your home)

CREDIT REFERENCES:

Company: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Bank: _____ Phone #: _____

PERSONAL REFERENCE (Non-Relative)

Full Name: _____ Phone #: _____

Full Name: _____ Phone #: _____

PERSONAL REFERENCE (Relative)

Full Name: _____ Phone #: _____

Relationship: _____.

Full Name: _____ Phone #: _____

Relationship: _____

EMERGENCY CONTACT

Full Name: _____ Phone #: _____

Relationship: _____

Full Name: _____ Phone #: _____

Relationship: _____

Applicant(s) will agree with and sign that they understand have received and will follow the Park Rules and Regulations. Applicant(s) understand that lot rent may increase and agrees to pay the increase. APPLICANT UNDERSTANDS THAT LAKE BLUFF RETIREMENT COMMUNITY IS A 55 & OVER COMMUNITY AND AT LEAST ONE RESIDENT IN YOUR HOME MUST BE AGE 55 AND NO APPLICANT CAN BE UNDER THE AGE OF 40.

All the information is true, accurate and complete to the best of applicants' knowledge. Park Management reserves the right to deny residency if information is not accurately represented. APPLICANTS WILL NOT PURCHASE OR OCCUPY SAID HOME WITHOUT FIRST RECEIVING PARK APPROVAL.

Signed _____ Date _____

Print Name: _____

Signed _____ Date _____

Print Name: _____

PRIVACY POLICY

What this Privacy Policy Covers:

This Privacy Policy covers our treatment of nonpublic personally identifiable information that we collect when you, the “customer” or “consumer”, apply to rent a lot from us. This policy also covers our treatment of any nonpublic personally identifiable information that our business partners share with us.

This policy does not apply to the practices of nonaffiliated of our mobile home community.

Information Collection and Use:

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on application or other forms;
- Information about your transactions with us, our affiliates, or others;
- Information we receive from a consumer-reporting agency.

Information Sharing and Disclosure:

We do not disclose any nonpublic personal information about our tenants or former tenants to anyone, except as permitted by law.

Confidentiality and Security:

We restrict to nonpublic personal information about you to those companies who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

Written consent, signed by you, must be received by park management before any information will be released.

By signing below, I acknowledge that LAKE BLUFF RETIREMENT COMMUNITY has provided me with a copy of its Privacy Policy.

Signature

Date

Signature

Date

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Background check charges are \$35.00 per individual applicant or \$45.00 for 2 applicants currently residing at the same address. Payment must be made in full by money order at the time of the application.

BACKGROUND CHECK AUTHORIZATION
(EACH APPLICANT MUST COMPLETE THIS AUTHORIZATION FORM)

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Month/Year) (Street) (City) (Zip/State)

Previous Address From: _____
(Month/Year) (Street) (City) (Zip/State)

Previous Address From: _____
(Month/Year) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Driver's License Number/State: _____

THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

As prospective tenants for the mobile home site located at _____, GLADSTONE, MICHIGAN and owned by LAKE BLUFF RETIREMENT COMMUNITY, I hereby authorize LAKE BLUFF RETIREMENT COMMUNITY and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report and rental history to obtain the necessary information. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth. I cannot claim any invasion of privacy based on this inquiry by LAKE BLUFF RETIREMENT COMMUNITY, the property owner and/or the Property Manager, now or in the future.

Signature: _____ Date: _____