

*RENTAL APPLICATION FOR*

LAKESIDE MHC

*Name of Community*

Lakeside MHC, Ltd, 2013 S. Lake Harris Rd., White Oak, Tx 75693

*Name Or D/B/A And Address Of Legal Entity Owning Community*

MDunn Properties, LLC, 681 Hamby Rd., Longview, Tx 75605

*Name And Address Of Off Site Management Company (if Any) (Enter "NA" If None)*

A BLANK COPY OF THE CURRENT LEASE  
FORM AND RULES APPLICABLE TO  
THE COMMUNITY ARE PROVIDED  
TO EACH APPLICANT WITH THIS APPLICATION

Each co-resident and each occupant over the age of 18 must submit a separate application  
(if not enough space available for answering questions,  
the second page of this form may be used)

**Prospective Resident's Information**

Full Name (as shown on driver's license or other I D): \_\_\_\_\_

Current address: \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_

Would you have a secondary address for notice that would be your primary residence other than in  
this Community? Yes \_\_\_\_\_ No. If yes, please provide your primary residence address  
during the proposed lease in the Community: \_\_\_\_\_

Current monthly rent: \$ \_\_\_\_\_ Owner/Manager of current rental: \_\_\_\_\_

Owner/Manager's Phone # ( ) \_\_\_\_\_ Date moved in: \_\_\_\_\_

Reason for moving from current address: \_\_\_\_\_

Previous address: \_\_\_\_\_

Owner/Manager of previous rental: \_\_\_\_\_ Owner/Manager's Phone # ( ) \_\_\_\_\_

Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # & State: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Birth date: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_

How long employed: \_\_\_\_\_

Monthly income is over: \$ \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Supervisor's phone #- ( ) \_\_\_\_\_

Previous employer (if present employment less than 1 year): \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_

Monthly income was over: \$ \_\_\_\_\_ How long employed: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Supervisor's phone #: ( ) \_\_\_\_\_



Spouse's full name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

DL # & State: \_\_\_\_\_ Birth date: \_\_\_\_\_

Present employer: \_\_\_\_\_ Address: \_\_\_\_\_

How long employed: \_\_\_\_\_ Supervisors name: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Sex: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_



**Pet**

Will you or any occupant have a pet? / / Yes / / No If so, how many and what kind (dog, cat, bird, reptile, etc.) \_\_\_\_\_

Please indicate the weight, breed, age of each pet: \_\_\_\_\_

Please indicate if the animal(s) have been spayed or neutered and, if the animal is a dog or cat, does it have an up-to-date rabies vaccination: \_\_\_\_\_

**Manufactured Home Information**

Name and address of legal owner of home: \_\_\_\_\_

Is your home financed? / / Yes / / No Monthly payments: \$ \_\_\_\_\_

Name and address of lienholder: \_\_\_\_\_

If new home, name and address of selling retailer: \_\_\_\_\_

Make, size (counting hitch), year of home: \_\_\_\_\_

What type air conditioner? / / central / / window / / other (explain) \_\_\_\_\_

Is your home all electric? / / or is your home gas and electric? / /

Is your roof shape: peaked / / or rounded/arched / / Is your roof: shingled / / or metal / /

What type siding does your home have? Metal / / vinyl / / hardboard / / Does your home have a bay window? If so, where is it located? \_\_\_\_\_

**Emergency Information**

Name & relationship of emergency contact: \_\_\_\_\_

Office address of emergency contact: \_\_\_\_\_

Office phone # \_\_\_\_\_

Home address of emergency contact: \_\_\_\_\_

Home phone # \_\_\_\_\_

**How Did You Hear of Our Community**

**List Any One You Know in Our Community**



Each applicant hereby represents that all of the above statements and information furnished are true and correct and authorizes verification of such. Each Applicant acknowledges, understands and agrees that false information shall constitute grounds for rejection of this application.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant's Spouse

Application was received by Lessor Community at \_\_\_\_ o'clock on this date \_\_\_\_\_.  
This application is approved as of \_\_\_\_\_ (date) and shall become a part of the lease agreement between the parties hereto.

LAKESIDE MHC  
\_\_\_\_\_  
(name of community)

\_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(title)

\*Applicant(s) hereby authorizes any creditor or former landlord to release relevant data to Lessor regarding this Application.

\_\_\_\_\_  
(initials)

**Space for Continuing Answers**

