



# Lake Powell

MOBILE HOME VILLAGE

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## Application for Residency Mobile Home Park

Complete all spaces. Incomplete applications will not be accepted.

### IMPORTANT INITIAL DETAILS

Date: \_\_\_\_\_ Applying to: RENT \_\_\_ OWN \_\_\_ Location \_\_\_\_\_

Amount of Rent/Sale: \$ \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ # of Bathrooms \_\_\_\_\_

Single-wide \_\_\_ Double-wide \_\_\_ Space rent amount \$ \_\_\_\_\_

Application fee paid with: Check # \_\_\_\_\_ Money order # \_\_\_\_\_ Credit Card \_\_\_\_\_ Cash \_\_\_\_\_

### PERSONAL

Name of applicant: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Phone numbers: Cell: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Email address: \_\_\_\_\_

Current address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

PO box/mailling address (if other than current address): \_\_\_\_\_

Name of spouse: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Phone numbers: Cell: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Email address: \_\_\_\_\_

Current address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

PO box/mailling address (if other than current address): \_\_\_\_\_

### PRESENT LANDLORD OR MORTGAGE COMPANY

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Rent \_\_\_ Own \_\_\_

How long: \_\_\_\_\_ Monthly mortgage or rent amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Reason for move out: \_\_\_\_\_  
\_\_\_\_\_

Others who will be occupying residence:

NAME	AGE	RELATIONSHIP(S)	SSN	DRIVERS LICENSE #/STATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PREVIOUS RESIDENCY IF LESS THAN 10 YRS AT CURRENT RESIDENCE**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Rent \_\_\_ Own \_\_\_  
How long: \_\_\_\_\_ Monthly mortgage or rent amount: \$ \_\_\_\_\_  
Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_  
Date of move-in: \_\_\_\_\_ Date of move-out: \_\_\_\_\_ Reason for move out: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been asked to terminate your residency elsewhere or have you ever been evicted? Yes \_\_\_  
No \_\_\_\_\_. If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever lived in a mobile home park? Yes \_\_\_ No \_\_\_\_\_. If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_  
Date of move-in: \_\_\_\_\_ Date of move-out: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Have you, your spouse, or any occupants ever been convicted of a felony? Yes \_\_\_ No \_\_\_\_\_. If yes, please  
explain: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_  
Position: \_\_\_\_\_ Gross monthly salary: \$ \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_ Length: Years \_\_\_\_\_ Months \_\_\_\_\_  
Any additional source of income? Please explain type and amount: \_\_\_\_\_  
\_\_\_\_\_

If employed at above less than three years, please list previous employer:

Previous employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Position: \_\_\_\_\_ Gross monthly salary: \$ \_\_\_\_\_

Immediate supervisor \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Any additional source of income? Please explain type and amount: \_\_\_\_\_

\_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Position: \_\_\_\_\_ Gross monthly salary: \$ \_\_\_\_\_

Immediate supervisor \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Any additional source of income? Please explain type and amount: \_\_\_\_\_

\_\_\_\_\_

If spouse has been employed at above less than three years, please list previous employer:

Spouse's previous employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Position: \_\_\_\_\_ Gross monthly salary: \$ \_\_\_\_\_

Immediate supervisor \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Any additional source of income? Please explain type and amount: \_\_\_\_\_

\_\_\_\_\_

If not employed, please provide source of income and amount of means of financial support:

Source	Amount \$
_____	_____
_____	_____
_____	_____
_____	_____

**FINANCIAL**

Bank name: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

\_\_\_\_\_ Phone number: \_\_\_\_\_

( ) Checking ( ) Savings ( ) Loan

Credit card type: \_\_\_\_\_ Last 4 digits: \_\_\_\_\_ How long: \_\_\_\_\_

Credit card type: \_\_\_\_\_ Last 4 digits: \_\_\_\_\_ How long: \_\_\_\_\_  
Credit card type: \_\_\_\_\_ Last 4 digits: \_\_\_\_\_ How long: \_\_\_\_\_  
Credit card type: \_\_\_\_\_ Last 4 digits: \_\_\_\_\_ How long: \_\_\_\_\_

**REFERENCES**

**Business:**

Name: \_\_\_\_\_ City, state: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ City, state: \_\_\_\_\_ Phone: \_\_\_\_\_

**Personal:**

Name: \_\_\_\_\_ City, state: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ City, state: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ City, state: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ City, state: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFO**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_  
Phone numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_  
Phone numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

**PETS**

Any pets?: \_\_\_\_\_ If yes, how many dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Are your cats spayed or neutered? \_\_\_\_\_

Breed of dog: \_\_\_\_\_ Weight: \_\_\_\_\_ Updated vaccinations: \_\_\_\_\_  
\_\_\_\_\_ Licensed date: \_\_\_\_\_ Tag #: \_\_\_\_\_

Breed of dog: \_\_\_\_\_ Weight: \_\_\_\_\_ Updated vaccinations: \_\_\_\_\_  
\_\_\_\_\_ Licensed date: \_\_\_\_\_ Tag #: \_\_\_\_\_

**SCREENING SERVICE INFORMATION**

The above-named individual(s) do hereby authorize Lake Powell MHV to use the above information for the purpose of seeking credit checks and other financial information to determine qualification for residency in Lake Powell MHV.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION FEES:**

LEGALLY MARRIED COUPLE: \$28

ANYONE OVER 18: \$28