

TODAY'S DATE:

Aspen Meadows

LIKELY TRANSACTION DATE:

Submit this original application with an application fee made payable to Aspen Meadows in the amount of \$50.00 per adult to:

POB 700 • Bend, OR 97709 • 541/385-7799 FAX 541/385-9944

ADDRESS OR LOT NUMBER _____ SALESPERSON _____
 SELLER/DEALER'S NAME _____ DEALER'S PHONE _____
 BRAND/MODEL OF HOME _____ LENGTH _____
 VIN _____ XPLATE _____

LIST ADULTS TO BE RESIDENTS

Applicant 1

NAME _____ ADDRESS _____
 CITY _____ STATE _____ ZIP _____ HOME PHONE _____ - _____
 DATE OF BIRTH ____/____/____ SS # ____ - ____ - ____ EMPLOYER _____ POSITION _____
 OCCUPATION _____ YEARS ON JOB _____ SUPERVISOR'S NAME _____ PHONE _____
 MONTHLY TAKE HOME PAY FROM ALL SOURCES \$ _____ RELATIONSHIP TO OTHER APPLICANTS _____
 NEAREST RELATIVE NOT LIVING WITH YOU _____ PHONE (____) ____ - ____ RELATION _____
 CURRENT LANDLORD _____ PHONE _____ YEARS
 APARTMENT HOUSE
 HAVE YOU GIVEN LEGAL NOTICE AT YOUR CURRENT RESIDENCE? YES NO
 DO YOU HAVE A CRIMINAL RECORD? NO YES (EXPLAIN TYPE OF CRIME _____)

Applicant 2

NAME _____ ADDRESS _____
 CITY _____ STATE _____ ZIP _____ HOME PHONE _____ - _____
 DATE OF BIRTH ____/____/____ SS # ____ - ____ - ____ EMPLOYER _____ POSITION _____
 OCCUPATION _____ YEARS ON JOB _____ SUPERVISOR'S NAME _____ PHONE _____
 MONTHLY TAKE HOME PAY FROM ALL SOURCES \$ _____ RELATIONSHIP TO OTHER APPLICANTS _____
 NEAREST RELATIVE NOT LIVING WITH YOU _____ PHONE (____) ____ - ____ RELATION _____
 CURRENT LANDLORD _____ PHONE _____ YEARS
 APARTMENT HOUSE
 HAVE YOU GIVEN LEGAL NOTICE AT YOUR CURRENT RESIDENTCE? YES NO
 DO YOU HAVE A CRIMINAL RECORD? NO YES (EXPLAIN TYPE OF CRIME _____)

LIST MINORS

NAME _____ DATE OF BIRTH ____/____/____ LEGAL GUARDIAN _____
 NAME _____ DATE OF BIRTH ____/____/____ LEGAL GUARDIAN _____
 NAME _____ DATE OF BIRTH ____/____/____ LEGAL GUARDIAN _____

LIST PETS. PETS MUST BE APPROVED BY PARK; ONLY ONE DOG ALLOWED (AND MUST BE LESS THAN 60 POUNDS); TWO PET TOTAL LIMIT.

	NAME	SPECIES	BREED	WEIGHT	AGE	FREQUENT BARKER?	OTHER HABITS
1							
2							

LIST VEHICLES (NUMBER OF VEHICLES IS LIMITED TO AMOUNT OF OFF STREET PARKING ON THE LOT; TYPICALLY 2)

VEHICLE 1 MAKE _____ MODEL _____ YEAR _____ LICENSE PLATE # _____ STATE _____ COL- OR _____ CONDITION _____ ANY BODY DAMAGE? _____ IF SO LIST _____ WHEN WILL IT BE REPAIRED BY _____
VEHICLE 2 MAKE _____ MODEL _____ YEAR _____ LICENSE PLATE # _____ STATE _____ COL- OR _____ CONDITION _____ ANY BODY DAMAGE? _____ IF SO LIST _____ WHEN WILL IT BE REPAIRED BY _____

AUTHORIZATION TO INVESTIGATE

My signature below authorizes Century Partners, LLC, on behalf of Aspen Meadows, to investigate my credit history, perform criminal background checks, to make all confidential inquiries with any of the persons, lenders, employers or business listed herein. Application fees are not refundable, even if your application is denied or withdrawn. Further I (we) authorize Century Partners, LLC, to obtain investigative information on your character, general reputation, personal characteristics and mode of living.

Applications are usually processed within 3 business days of receipt of the complete application. Oregon law provides that an decision must be provided within 20 days of receipt of the application. If there are more entries than is provided for, please attach an additional form. The Park reserves the right to deny or reject any application without cause, subject to the Federal Fair Housing Act.

Applicant Date

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