

# ***Fountain Park***

Fountain Drive  
Florence KY 41042  
859-331-2313

## **APPLICATION FOR RESIDENCY AND RESIDENT(S)' REGISTRATION/MONTHLY RENTAL AGREEMENT**

Fountain Park offers equal Housing Opportunities. We do business in accordance with the Federal Fair Housing Law and will not discriminate against any person because of race, color, religion, sex, familial status, national origin or handicap.

We would hope the applicant(s) understands the following: The management of a manufactured housing community involves a great deal more burden than might be involved in other type rental properties. We have obligations to all residents to take reasonable steps to protect the quiet and peaceful enjoyment of their individual households and the common areas of Fountain Park while trying not to infringe too much on privacy. It is with this in mind that we have established criteria to assist us in processing all applications.

Park Management reserves the right to refuse residency for the following reasons: Poor credit, lack of good references, conditions of any vehicle to be owned and operated on park property, and condition of home, felony conviction, unacceptable police record, or falsifying any information on this application.

**A PHOTO ID IS REQUIRED ON EACH RESIDENT 18 YEARS OR OLDER**

**LOT#** \_\_\_\_\_  
Lot Address \_\_\_\_\_

**E-mail** \_\_\_\_\_  
**Rent Begins** \_\_\_\_\_  
**Rent\$** \_\_\_\_\_

**RESIDENT INFORMATION:**

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Birth Date: \_\_\_\_\_

Spouse: \_\_\_\_\_ SS# \_\_\_\_\_ Birth Date: \_\_\_\_\_

**RESIDENTIAL HISTORY:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

**ADDITIONAL ADULTS:**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Applicant's Employer: \_\_\_\_\_ Yrs. Employed: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Telephone#: \_\_\_\_\_ Wk., Mo., Yearly Income: \_\_\_\_\_

**CHILDREN [who will be living with resident(s)]:**

First Name	Last Name	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMERGENCY INFORMATION:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone#: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ zip code: \_\_\_\_\_

**VEHICLES:**

Year, Make, License Plate #:

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**BANK INFORMATION:**

Name of Bank: \_\_\_\_\_

Credit References: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Credit References: \_\_\_\_\_

**MISCELLANEOUS INFORMATION:**

Type of Animal(s): \_\_\_\_\_ #: \_\_\_\_\_ Breed: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If so, what was the date of the last conviction? \_\_\_\_\_

What were the circumstances of the felony?

\_\_\_\_\_  
\_\_\_\_\_

**HOME INFORMATION:**

Title Holder(s): \_\_\_\_\_

Mfg: \_\_\_\_\_ Yr: \_\_\_\_\_ Size: \_\_\_\_\_ Color: \_\_\_\_\_

Serial#: \_\_\_\_\_

Financed by: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address of Home: \_\_\_\_\_

In consideration of the space being rented to me, I agree to abide by the rules and regulations of your park now in effect or which may later be posted. I agree to hold Fountain Park, LLC harmless from damage caused by fire, windstorm, or Acts of God, and from any losses resulting from theft and/or break-in of my property. I agree to abide by the rules and regulations of the state in which Fountain Park is located, be it the Commonwealth of Kentucky, as now exist, and as may be modified, are incorporated and made a part of our Park Rules.

I agree to leave Fountain Park upon request with the return of any unearned money. I/we understand that if the tenant, members of tenant's family or tenant's invitee violate any park or public health department rule or any health and safety code, the rental agreement will terminate immediately and the tenant shall vacate the premises pursuant to legal notice.

**DEPARTURE AGREEMENT:**

In order to make it clear when and how our tenancy agreement shall end, we hereby agree that either of us shall have the right to terminate this tenancy upon thirty (30) days written notice given the other. This notice time above shall run from: The actual date notice is given. Further, once notice is given by either Fountain Park or by the Tenant, it may not be retracted unless both sides agree, in writing, to cancel the notice.

I hereby certify that this mobile home will be titled in the name(s) of: \_\_\_\_\_  
\_\_\_\_\_

for the Commonwealth of Kentucky and is in compliance with statutes; or if not, that I will obtain one immediately. I also certify that the local county taxes are paid.

Signature(s) of Applicant(s):

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

**I hereby grant permission to Fountain Park to review my credit with the local credit bureau. I grant Fountain Park permission to check any references listed on the application and I grant permission to the management of Fountain Park to conduct a background check on myself at management's discretion.**

Signature(s) of Applicant(s):

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

**How did you learn about Fountain Park?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE:**

Application received by \_\_\_\_\_ Date: \_\_\_\_\_ Approved: YES or NO

Reason for non-approval: \_\_\_\_\_

# ACKNOWLEDGEMENT

I understand that there is a *NON-REFUNDABLE ENTRY FEE* to be paid upon approval of my residency to reside in Fountain Park. The fee is the same as one (1) month's rent.

ALL ADULT RESIDENTS (18 YEARS OLD OR OLDER) MUST SIGN:  
A photo ID of each resident is required.

_____	_____
_____	_____

Resident's Address in Park: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

All information on this form is required unless otherwise noted.

### Tenant Information:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email (to receive ACH receipts) \_\_\_\_\_

Boone County Property Tax will be charged on Leases 1.011 Boone  
Local Tax Rate County

### Account Holder (If different from above):



Account Holder Name \_\_\_\_\_ Account Holder Phone \_\_\_\_\_

Account Holder Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

### Account Holder's Bank Information:

Account Holder's Bank Name \_\_\_\_\_ Branch City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

How to find your Routing and Account Numbers on a check:

	
Bank Routing Code	Bank Account Number

Business Checking  
 Personal Checking  
 Savings

Bank Routing Number (9 digits) \_\_\_\_\_ Bank Account Number \_\_\_\_\_

### Transaction Information:

**Rent for Lot/ Lease Payment for home**

Goods Purchased/Services Rendered \_\_\_\_\_

\$ \_\_\_\_\_ Effective Date \_\_\_\_\_

Recurring No. of Transactions \_\_\_\_\_

### Authorization:

In exchange for products and/or services listed above the undersigned hereby authorizes:

**Crestview Lands, LLC**

to electronically draft via the Automated Clearing House system the amounts indicated above from the account identified above. This authority will continue until withdrawn in writing by the undersigned account holder. The Undersigned hereby certifies that they are duly authorized to execute this form on behalf of the above listed account holder. I acknowledge that I am subject to a \$25 reject fee if items are returned for insufficient funds.

\_\_\_\_\_  
Signature of Account Holder Name/Title of Account Holder Date

### Backup Payment Source: Debit/Credit Account:

Name as appears on Card: \_\_\_\_\_

Amex MasterCard Visa  
Circle Credit Card Type \_\_\_\_\_ Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_  
Month Year

Card Billing Address: \_\_\_\_\_  
Zip Code Phone No. \_\_\_\_\_