

**APPLICATION FOR RESIDENCE – RIDGEWOOD VILLAGE – 500 WEBSTER ROAD
AUBURN, AL. 36832, PH (334) 821-2298 FAX (334) 821-2357 ridgewoodvillage@bellsouth.net**

LOT # _____

OWNER NAME _____ SS# _____ DOB _____

ADDRESS _____ PH# _____ CELL# _____

CITY/STATE _____ ZIP CODE _____

EMAIL _____

EMPLOYER _____ PH# _____

STUDENT _____ AGE/DOB _____

CELL # _____ EMAIL _____

ROOMMATE/SPOUSE NAME _____ PH# _____ E-MAIL _____

CHILDREN: NAME & AGE _____

HOW DID YOU HEAR ABOUT RIDGEWOOD VILLAGE MOBILE HOME PARK? _____

IN CASE OF EMERGENCY: NEXT OF KIN OTHER THAN SPOUSE:

NAME _____ HOME # _____ WK# _____

ADDRESS _____ CELL# _____ E-MAIL _____

CITY/STATE _____ ZIP _____ SPOUSE PH# _____

MOBILE HOME SIZE _____ MAKE _____ YEAR _____ Gas/Electric _____

I understand that I acquire no rights to a mobile home lot until I have made a deposit of **\$275.00**, an application fee (non-refundable) of \$10.00, and this application has been approved. In consideration of the landlord holding this lot for me, I waive rights to the return of my deposit as liquidated damages in the event that I do not choose to enter into the agreement herein applied for. If the application is not approved, the deposit will be returned within thirty- (30) business days. The deposit shall be held as long as I occupy the mobile home lot and shall be returned within thirty (30) business days, upon receipt of an approved application, deposit and lease agreement (from the new owner), and a minimum of sixty (60) days written notice is given prior to the lease expiration date and the mobile home lot is left clean and undamaged.

Everything that I have stated in this application is correct and true to the very best of my knowledge. I understand that Ridgewood Village will retain the application whether or not it is approved. Ridgewood Village is authorized to check credit, rental and employment history, verify student enrollment status, and ask questions about credit experience and my past experience as a tenant.

I agree to comply with all of the rules and regulations and understand that should I fail to do so, I may be required to vacate the premises within seven (7) days of written notice from the office.

OWNER SIGNATURE _____ DATE _____

CO-OWNER _____ ADDRESS _____ PH# _____

DATE OF LEASE TAKEOVER _____

(OFFICE USE ONLY)

Application Fee: \$10.00 Check # _____ Deposit Received: \$275.00: Check # _____ Name _____

Application Approved by: _____