

Date _____

**WATERSEDGE MOBILE HOME PARK
APPLICATION FOR LEASE**

FEE: A NON-REFUNDABLE FEE OF **\$4,000.00** TO **WATERSEDGE HOLDINGS, LLC** (c/o BARBARA MAURER, 300 SHORELINE DR., NEW BERN, NC 28562) MUST ACCOMPANY THIS APPLICATION. THIS FEE IS SOLELY FOR THE TRANSFER OF THE LEASE. IF THERE ARE ANY PAYMENTS TO BE MADE REGARDING THE PREPAID RENT, THOSE ARRANGEMENTS MUST BE MADE DIRECTLY BETWEEN THE BUYER AND THE SELLER. THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL AND WILL BE USED SOLELY FOR THE PURPOSE OF PERSONAL REFERENCE, EMPLOYMENT AND CREDIT CHECKS. **PLEASE PRINT CLEARLY.**

1. NAME: _____
 FIRST MIDDLE LAST SS#

TELEPHONE: (____) _____ (____) _____ EMAIL _____
 Mobile Work

2 NAME: _____
(IF Co-owned) FIRST MIDDLE LAST SS#

TELEPHONE: (____) _____ (____) _____ EMAIL _____
 Mobile Work

HOME ADDRESS: _____

1. EMPLOYER: _____ JOB TITLE: _____

ADDRESS: _____ PHONE: _____

2. EMPLOYER: _____ JOB TITLE: _____

ADDRESS: _____ PHONE: _____

Mobile home is being purchased from: _____

Mobile home address _____

I/we will purchase unit(s) of ownership (share(s) of stock) if available: Yes _____ No _____ Number _____

LIST TWO PERSONAL REFERENCES (Not related to you):

NAME: _____ RELATION _____

ADDRESS: _____ TELEPHONE: _____

NAME: _____ RELATION _____

ADDRESS: _____ TELEPHONE: _____

DO YOU KNOW ANYONE LIVING IN WATERSEDGE MOBILE HOME PARK?

NAME: _____

LIST A CREDIT REFERENCE:

NAME: _____ TELEPHONE _____

ADDRESS: _____

APPLICANT NAME _____

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HAVE YOU EVER BEEN CONVICTED OF THE ILLEGAL MANUFACTURE OR DISTRIBUTION OF A CONTROLLED SUBSTANCE? NO _____ YES _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? THIS INCLUDES MISDEMEANORS.
NO _____ YES _____

IF YES, EXPLAIN: _____

YOU ARE HEREBY AUTHORIZED TO VERIFY MY EMPLOYMENT, CREDIT AND PERSONAL REFERENCES IN CONNECTION WITH THE PROCESSING OF THIS APPLICATION.

I REPRESENT THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT

DATE

APPROVED _____
LEASE COMMITTEE

DATE _____

DISAPPROVED _____
LEASE COMMITTEE

DATE _____

REASON _____
