

Leatherstocking Mobile Home Park, Inc.

Park Location: Rte. 168, Fulmer Creek Rd., Mohawk, NY 13407

Office: 2089 Doolittle Road, Sauquoit, NY 13456 (Page 1 of 3)

RESIDENCY Form # 1

To be completed by primary resident(s) responsible for payment of rent.

****Fill out all applicable lines****

Please review carefully

Name(1): _____

Name(2): _____

Social Security No(1): _____

Social Security No(2): _____

Current Address: _____

Current Phone #(s): _____

Previous Landlord Name: _____

Previous Landlord Phone Number: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? __ No __ Yes
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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Employer Name (1): _____

Employer Name (2): _____

Length of Employment(1): _____

Length of Employment(2): _____

Monthly Take Home Pay(1): _____

Monthly Take Home Pay(2): _____

List all residents to be residing in your home:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
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(above residents over 12 yrs. Must also complete res. Form #2)

Emergency Contact Name & Phone: _____

Do you have a motor vehicle that will be parked at the park? _____

If yes, what is the

Make _____

Model _____

Year _____

Color _____

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Home Information:

Make _____

Model _____

Year _____

Size _____

Does this home have any liens against it or do you own it free of liens? _____

If lien(s), provide the following information:

Person or Bank Name _____

Address _____

Phone No.: _____

Type of pet (if any): _____

Are pets currently licensed & up to date on shots? _____

Please be advised that if any information on this application is intentionally misstated, eviction or denial of residency can result.

Thanking you in advance,

The management.

Signature: _____ Date _____

Signature: _____ Date _____