

VAL- VISTA HILLOCK LLC
6901 SE 14TH DES MOINES IA 50320
(515) 285-5929 FAX (515) 256-0110

APPLICATION AND AGREEMENT

NAME _____ PHONE # _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____ MARITAL STATUS _____

PRESENT STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SPOUSE OR CO-TENANT'S NAME _____

SPOUSE OR CO-TENANT'S DATE OF BIRTH _____

SPOUSE OR CO-TENANT'S SOCIAL SECURITY # _____

OTHER PERSON(S) TO RESIDE WITH YOU:

NAME _____ AGE _____

NAME _____ AGE _____

NAME _____ AGE _____

NAME _____ AGE _____

PET-ONLY LOTS X-93- (KIND AND WEIGHT) _____

PRESENT EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____

TELEPHONE # _____ HOW LONG EMPLOYED _____

JOB TITLE _____ MONTHLY SALARY \$ _____

PREVIOUS EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____

TELEPHONE # _____ HOW LONG EMPLOYED _____

SPOUSE OR CO-TENANT'S EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____

TELEPHONE # _____ MONTHLY SALARY \$ _____

CURRENT LANDLORD _____

ADDRESS _____ PHONE # _____

PREVIOUS LANDLORD _____

ADDRESS _____ PHONE # _____

PREVIOUS LANDLORD _____

ADDRESS _____ PHONE # _____

AUTOMOBILE MAKE _____ COLOR _____ MODEL _____

YEAR _____ LICENSE # _____

AUTOMOBILE MAKE _____ COLOR _____ MODEL _____

YEAR _____ LICENSE # _____

OTHER LICENSED VEHICLE:

MAKE _____ COLOR _____ MODEL _____

YEAR _____ LICENSE # _____

MOBILE HOME YEAR _____ MAKE _____

TITLE # _____ REGISTRATION # _____

MODEL _____ LENGTH _____ WIDTH _____

LIENHOLDER _____

LIENHOLDER ADDRESS _____

PERSONAL REFERENCES:

NAME _____ PHONE # _____

ADDRESS _____ RELATIONSHIP _____

NAME _____ PHONE # _____

ADDRESS _____ RELATIONSHIP _____

NAME OF SOMEONE YOU KNOW RESIDING IN VAL-VISTA ESTATES:

DATE OCCUPANCY IS DESIRED _____

NAME OF BANK _____ ADDRESS _____

CHECKING ACCOUNT YES _____ NO _____

SAVINGS ACCOUNT YES _____ NO _____

INSTALLMENT LOAN YES _____ NO _____

NAME OF BANK _____ ADDRESS _____

CHECKING ACCOUNT YES _____ NO _____

SAVINGS ACCOUNT YES _____ NO _____

INSTALLMENT LOAN YES _____ NO _____

CREDIT CARDS:

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

Have you ever been arrested on a charge involving the use of illegal drugs, substance abuse or any related charge? YES _____ NO _____. If yes, please indicate the date of arrest, the name of the arresting authority, the law violations with which you were charged and any other details of which you are aware.

Have you ever been convicted of a charge involving the use of illegal drugs, substance abuse or any related charge? YES _____ NO _____. If yes, please indicate the date of conviction, the court in which you were convicted, the law violations of which you were convicted and any other details of which you are aware. _____

Have you ever been convicted of a felony or aggravated misdemeanor? YES ___ NO _____
If yes, please indicate the date of conviction, the court in which you were convicted, the violations of which you were convicted and any other details of which you are aware. _____

Have you ever been a defendant in a Forcible Entry and Detainer (eviction) action? YES _____
NO _____. If yes, give details of time and circumstances. _____

Have you ever been sued for rent? YES _____ NO _____. If yes, please explain the
circumstance and outcome. _____

I have read the Rules and Regulations for Val-Vista Estates and if I am a resident, I agree to abide by them. Furthermore, I represent that the information contained in this Application and Agreement are true and complete, and that I have viewed to my satisfaction the terms of the Rental Agreement and Rules and Regulations and am willing to be bound thereby. I further authorize the owner of the Mobile Home Park named above, or its agents, to verify the information provided above, obtain additional information concerning my credit standing and history as a tenant, and to furnish the same to others. If it ever becomes necessary for service of process upon me, in addition to all other lawful forms and methods of service, I hereby authorize service of process upon any person identified in my Registration Form to be contacted in case of emergency, and I agree that such service shall be deemed good and sufficient for all purposes as if I have been serviced personally. Finally, I agree if there is a change in any of the information contained in the application, I will notify the landlord or manager within ten (10) days of said change. The undertakings in this agreement will continue even after the execution of a Rental Agreement.

SIGNED _____
Applicant **Date**

SIGNED _____
Applicant **Date**