



SHERWOOD PROPERTIES  
MANUFACTURED HOME COMMUNITIES  
& RV RESORTS

Thank you for considering a Sherwood Properties community for your next place to live! To apply for residency at either Sherwood Forest or White Birch manufactured home communities, please fill out a "Community Residency Application" form. To begin the process of the application, the following must accompany the completed Community Residency Application:

- Verification of income including two (2) recent check stubs and authentication of employment by employer per applicant.
- Copies of the front and back of all applicants' valid driver's licenses or state IDs and Social Security cards. Additional information may be requested in addition to these items.
- \$25 application fee per person for anyone over 18 years of age.

If additional fees are charged for the use of third-party employment verification, those fees will be the responsibility of the applicant to pay at the time the fee is incurred.

Upon approval for residency by Sherwood Properties Management, a security deposit of 1 ½ times rent is due. An application is valid for 60 days; all fees and paperwork must be completed within the 60-day period.

For any questions about the Sherwood Properties community residency application procedure or requirements, please call the White Birch community office at (989) 254-9376 or the Sherwood Forest community office at (616) 523-6201.



SHERWOOD FOREST  
MANUFACTURED HOME COMMUNITY



WHITE BIRCH  
MANUFACTURED HOME COMMUNITY



1133 Yeomans Street  
Ionia, MI 48846

SHERWOOD FOREST  
MANUFACTURED HOME COMMUNITY

SITE #: \_\_\_\_\_

SITE \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS OF SITE: \_\_\_\_\_

All Persons over 18 years old living in home MUST fill out separate applications. PLEASE check the most appropriate box that applies to you:

<input type="checkbox"/> Primary Applicant	<input type="checkbox"/> Significant Other	<input type="checkbox"/> Sibling	<input type="checkbox"/> Surety
<input type="checkbox"/> Spouse	<input type="checkbox"/> Relative	<input type="checkbox"/> Roommate	<input type="checkbox"/> Other _____

APPLICANT (Name which appears on Home Title)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER
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APPLICANT'S <b>PRESENT</b> ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
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CELL PHONE NUMBER(S)	EMAIL ADDRESS(ES)
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LENGTH OF TIME AT PRESENT ADDRESS	MONTHLY PAYMENT	IS PRESENT HOUSING A RENTAL? IF YES, COMPLETE THE NEXT LINE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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NAME OF COMPLEX	MANAGER/OWNERS NAME	TELEPHONE NUMBER
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APPLICANT'S <b>PREVIOUS</b> ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
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LENGTH OF TIME AT PREVIOUS ADDRESS	MONTHLY PAYMENT	WAS PREVIOUS HOUSING A RENTAL? IF YES, COMPLETE THE NEXT LINE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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NAME OF COMPLEX	MANAGER/OWNERS NAME	TELEPHONE NUMBER
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HAS THE APPLICANT, CO-APPLICANT OR ADDITIONAL OCCUPANTS OF THE HOME EVER BEEN CONVICTED OF A FELONY?  
IF THE ANSWER IS YES, PLEASE EXPLAIN ON AN ADDITIONAL PIECE OF PAPER. YES  NO

APPLICANT'S EMPLOYER (letter of Employment and/or Pay Stub Required)	POSITION	LENGTH OF EMPLOYMENT
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ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
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TYPE OF BUSINESS	SUPERVISOR	<b>INCOME BEFORE TAXES</b>	<input type="checkbox"/> CHECK ONE MONTHLY INCOME \$ <input type="checkbox"/> WEEKLY INCOME	NUMBER OF DEPENDENTS
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PREVIOUS EMPLOYER	ADDRESS	LENGTH OF EMPLOYMENT
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CHECKING ACCOUNT NUMBER	BANK	SAVINGS ACCOUNT NUMBER	BANK
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List below all borrowing experiences, credit cards, past and present, including balance and loan companies, banks, stores, medical bills, installment purchases, vehicle loans, and any obligations of alimony, child support, or separate maintenance payments. (Attach additional sheets if necessary.)

CREDITOR(S)	ADDRESS	PHONE	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENTS
				\$	\$

**OTHER INCOME:** You are not required to disclose income from alimony, child support or separate maintenance payments. However, if you are relying on income from any of these sources as a basis for payment of this obligation, please complete the following.

ADDITIONAL MONTHLY INCOME SOURCES

<p><b>LIST ADDITIONAL OCCUPANTS OF HOME BELOW:</b></p> <p>_____ Full Name Relationship</p> <p>_____ Birth Date (if under 18 years)</p> <p>_____ Full Name Relationship</p> <p>_____ Birth Date (if under 18 years)</p> <p>_____ Full Name Relationship</p> <p>_____ Birth Date (if under 18 years)</p> <p>_____ Full Name Relationship</p> <p>_____ Birth Date (if under 18 years)</p>	<p><b>IN CASE OF EMERGENCY OR DEATH OF RESIDENT(S).</b></p> <p>Name of closest relative _____ (not living with you)</p> <p>Address _____</p> <p>Telephone _____</p> <p>Name a 2nd person _____</p> <p>Address _____</p> <p>Telephone _____</p> <p><b>PETS Maximum of TWO (2)</b></p> <p>Type _____ Name _____ Neutered <input type="checkbox"/></p> <p>Color _____ Breed _____ Declawed <input type="checkbox"/></p> <p>Type _____ Name _____ Neutered <input type="checkbox"/></p> <p>Color _____ Breed _____ Declawed <input type="checkbox"/></p>
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**VEHICLES**

Make \_\_\_\_\_ Year \_\_\_\_\_ Style \_\_\_\_\_ Plate # \_\_\_\_\_ Color \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ Style \_\_\_\_\_ Plate # \_\_\_\_\_ Color \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ Style \_\_\_\_\_ Plate # \_\_\_\_\_ Color \_\_\_\_\_

NOTE: Motorcycle(s) must be licensed and included in above information.



# HOW DID YOU FIRST HEAR ABOUT UJ GTY QQF 'EQO O WP KVGU

(Please check appropriate box)

## MEDIA

- Newspaper Advertising \_\_\_\_\_  
(Name of paper)
- Internet \_\_\_\_\_  
(Name of Website)
- Special Publications \_\_\_\_\_  
(Name)
- Radio Ad
- Yellow Pages
- Direct Mail
- Driving By
- Billboard
- Other

## REFERRING PARTY

- Current Resident  
Give Name & Address \_\_\_\_\_
- Company Referral \_\_\_\_\_
- Manufactured Home Retailer \_\_\_\_\_
- Friend/Business Associate \_\_\_\_\_

## INFORMATION NEEDED ABOUT YOUR HOME

Year \_\_\_\_\_ Make \_\_\_\_\_ Serial Number \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_  
Width \_\_\_\_\_ Length \_\_\_\_\_ Expando \_\_\_\_\_ Deposit \_\_\_\_\_  
Retailer \_\_\_\_\_ (to hold home)  
Salesperson \_\_\_\_\_ Additional Down Payment \_\_\_\_\_  
Retailer Phone \_\_\_\_\_ Total Down Payment \_\_\_\_\_  
List All Names on title of home \_\_\_\_\_

Financing By: \_\_\_\_\_, % Rate \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_

I hereby warrant to the truth of this RENTAL APPLICATION in its entirety. Further, I recognize that any falsification on this application can be grounds to deny acceptance into the Community or reasonable grounds for eviction proceedings. I authorize the management to perform a credit investigation, criminal background check and to investigate my previous address(s) or Landlord(s) to verify the above reported information which pertains to my credit and financial responsibility. I further attest that I am 18 years of age or older.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## OFFICE INFORMATION ONLY

SECURITY DEPOSIT \$ \_\_\_\_\_ PRO-RATE \$ \_\_\_\_\_  
MOVE-IN DATE: \_\_\_\_\_ FORMER OWNER \_\_\_\_\_  
PROMOTION: \_\_\_\_\_  
EFFECTIVE DATE: \_\_\_\_\_

## RENT STRUCTURE

BASE RENT	\$ _____
SITE UPGRADE (If applicable)	\$ _____
SITE TAX	\$ _____
PET FEE	\$ _____
REFUSE FEE	\$ _____
OTHER _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

Received \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) as an Application Fee - Receipt No. \_\_\_\_\_  
Received \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) for Credit Check - Receipt No. \_\_\_\_\_  
DATE \_\_\_\_\_ BY \_\_\_\_\_  
(Management)

## CREDIT VERIFICATION

INSTRUCTIONS: Please explain to applicant (s) that the RENTAL APPLICATION is to be completed by answering all the questions. Accept application dated and signed by all applicants, with appropriate funds. CREDIT VERIFICATION to be completed in full and signed by the Community's office personnel. NOTE: Require verification of employment and pay stub.

- CURRENT RESIDENCY STATUS \_\_\_\_\_
  - EMPLOYER (S) CONFIRMED/COMMENTS \_\_\_\_\_
  - INCOME (S) CONFIRMED \_\_\_\_\_
  - CREDIT CONFIRMED \_\_\_\_\_ RATING \_\_\_\_\_
  - CRIMINAL CHECK CONFIRMED \_\_\_\_\_
  - IS SURETY REQUIRED/IF SO, EXPLAIN \_\_\_\_\_
  - COMMENTS \_\_\_\_\_
  - PROOF OF HOME OWNERSHIP/TRANSFER CONFIRMED: YES \_\_\_\_\_ NO \_\_\_\_\_
  - EVALUATION AND RECOMMENDATION \_\_\_\_\_  APPROVED  NOT APPROVED
- INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

