

SPRINGLAKE COMMUNITY, INC.

51590 SE Westlake Drive, Scappoose, Oregon 97056
(503) 543-5205

Prospective Member (First, Middle, Last)			
Social Security Number:		Date Of Birth:	
Government Issued ID: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other		Number:	Exp. Date: State:
Have You Ever Been Convicted of a Criminal Offense? <input type="checkbox"/> Yes <input type="checkbox"/> No		If So, Where, When & Offense?	
Home Number:		Cell Number:	
Email Address:			
Current Address:		City:	State: Zip:
Mailing Address (if Different)		City:	State: Zip:
Net Income:	Source of Income: <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired – Source of Income: <input type="checkbox"/> Social Security <input type="checkbox"/> Investment/Retirement/Periodic		
If Employed, Name of Employer:	Position:		
Address:		Work Telephone:	

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Address:		Work Telephone:	

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VEHICLE INFORMATION				
Vehicle Make	Year	Model	License Plate	Other (RV, Boat, Etc.)

PETS

House pets are allowed if Homeowner obtains prior written permission from SCI. Said permission shall become part of the Lease Agreement between SCI and the Homeowner. No more than two pets (cats and/or dogs) are permitted. Full or mixed breeds of the following dogs are not permitted: Akita, Bloodhound, Blue Healer, Boxer, Chow, Dalmatian, Doberman, German Shepherd, Pit Bull, Rottweiler, Staffordshire Terrier, and Wolf (hybrids). Written permission from SCI is required before any assistance animal is allowed to reside with an owner. Screening for approval will follow all allowable measures under existing laws.

<input type="checkbox"/> Dog	<input type="checkbox"/> Assistance Animal	Breed and Weight at Maturity (in Pounds):	Name:
<input type="checkbox"/> Dog	<input type="checkbox"/> Assistance Animal	Breed and Weight at Maturity (in Pounds):	Name:
<input type="checkbox"/> Cat	Color:	Breed:	Name:
<input type="checkbox"/> Cat	Color:	Breed:	Name:

Purchasing Manufactured Home

Address:	Lot #	City SCAPPOOSE	State OREGON	Zip 97056
Realtor Name	Company:	Phone:	Email:	
Possible Closing Date:				

I/We authorize SPRINGLAKE COMMUNITY INC (SCI) and its agents to obtain credit reports, character verification, rental history, employment history, public records, criminal history and personal references as necessary to verify all information put forth in the above referenced application. False, fraudulent or misleading information or reference as well as any returned check (s) for application fees(s) may be grounds for denial of membership or subsequent eviction.

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I/We hereby hold SPRINGLAKE COMMUNITY INC. (SCI), its owners, agents and employees harmless from any liability for exchanging written or verbal information concerning my tenancy with prior landlords.

By signing below, I authorize the preparation of an investigative report. For this purpose, I authorize and understand that investigative background inquiries are to be made on myself including consumer, criminal, driving and other reports. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, tenancy and other experiences. I release all of the above, including CoreLogic, SafeRent, FAR, NCR, Pacific Screening and their agents to the full extent permitted by laws from any claims, damages, losses, liabilities and expenses arising from the retrieving and reporting of information. All reports will be kept confidential. Further, SCI has my/our authorization to use said reports in working with any future collection actions.

According to the Federal Fair Credit Reporting Act, I am entitled to know if I was denied based on the information obtained and to receive, upon written request to the appropriate credit reporting agency, a disclosure of the public record information and of the nature and scope of the investigative report.

I/We acknowledge receipt of Community's Screening Policy Criteria. In addition to base application fees, I/we agree to pay directly to provider any and all additional fees and costs associated with obtaining information necessary to complete the application process.

This application is not complete without payment of all required application fees by check or money order. This application will be denied upon failure to meet community's Screening Criteria and/or to provide required documentation, pursuant to law. Upon denial, SCI has no further obligation to consider this application.

This application shall be automatically extended for an additional seven (7) days in the event all information necessary to complete this application is not provided to community within the time permitted by law.

I/We, the undersigned applicant(s), do hereby certify the information provided by me is true, accurate and complete to the best of my knowledge. Any copy of this document is as valid as the original

Prospective Member PRINT Name	Signature Date
Prospective Member PRINT Name	Signature Date

FOR INTERNAL USE: DO NOT FILL OUT

Date Application Received:	Fee(s) Received:	<input type="checkbox"/> Primary Resident <input type="checkbox"/> Additional Occupant
Requested Move In Date:	Requested Space No.	Monthly Maintenance Fee:
Total Number of Applicants:	Total Number of Occupants in Home:	Number of Vehicles: