

Spring Hill Park LLC

## Application Instructions

Phone: 845-298-2927 email: info@springhillparkllc.com

### **Applications take 24-72 hours to process.**

Instructions for Application:

**Section A:** Every question must be answered for both applicants.

**Section B:** Every question must be about the manufactured home

**Section C:**

All motor Vehicles must be listed

**Section D:** All questions must be answered Y (yes) or N (no).

**Section E:** All questions must be answered. References 2 are required and cannot be related to you.

**Section G:** Application fee must be cash, money order or certified check and needs to be submitted with the application.

**Section H:** The application must be signed by both applicants and dated.

**Proof of Insurance must be submitted upon closing.**

**Failure to fill out the application completely will slow down the approval, until all information is obtained.**

**If you have pet(s) a pet application (attached) must also be completed.**

Lot Number \_\_\_\_\_

Previous Owner \_\_\_\_\_

*Spring Hill Park LLC*

1839 South Rd Wappingers Fall, NY 12590

845-298-2927 [info@springhillparkllc.com](mailto:info@springhillparkllc.com)

**Applicant**

**Co-Sign / Co-applicant**

Name \_\_\_\_\_

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License State & # \_\_\_\_\_

Driver's License State & # \_\_\_\_\_

E-mail \_\_\_\_\_

Email \_\_\_\_\_

Phone# \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

City, State Zip \_\_\_\_\_

Other that will be residing at this location, if any  
\_\_\_\_\_

Previous address if less than 2 years. \_\_\_\_\_

Previous address if less than 2 years \_\_\_\_\_

In case of Emergency name and Number  
\_\_\_\_\_

In case of Emergency name and Number  
\_\_\_\_\_

.....  
Employer \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

City, State Zip \_\_\_\_\_

Years \_\_\_\_\_

Years \_\_\_\_\_

Previous employer if less than 2 years:  
\_\_\_\_\_

Previous employer if less than 2 years:  
\_\_\_\_\_

Gross Pay Monthly \$ \_\_\_\_\_

Gross Pay Monthly \$ \_\_\_\_\_

Total years working \_\_\_\_\_

Total years working \_\_\_\_\_

THIS APPLICATION, MUST BE RETURNED TO THE ABOVE ADDRESS

Atten: Frank Algier Application Fee must accompany the application

Lot \_\_\_\_\_

Previous Owner \_\_\_\_\_

.....  
**Home Information:**

**Manufacturer** \_\_\_\_\_ **Model** \_\_\_\_\_ **Size** \_\_\_\_\_ **Serial** \_\_\_\_\_

**Mortgage Lender** \_\_\_\_\_

**Purchase amount** \_\_\_\_\_ **Down Payment** \_\_\_\_\_ **Term Length** \_\_\_\_\_  
.....

**Motor Vehicle(s) Owned:**

**Year** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Plate** \_\_\_\_\_

**Year** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Plate** \_\_\_\_\_  
.....

**Are you moving an existing home into the Community?** \_\_\_\_\_ yes \_\_\_\_\_ no

**If yes we will need pictures to accompany the application. Pictures should include all sides of the home.**

**Date you would like to move into the community?** \_\_\_\_\_  
.....

**References: Name and contact Number of 2 people not related to you**

\_\_\_\_\_  
\_\_\_\_\_

.....  
**Application fee \$20.00 p/applicant**

**Lot Rent** \_\_\_\_\_ **Security Deposit \$** \_\_\_\_\_

**Security Deposit will be 1 month's rent**

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Lot \_\_\_\_\_

Previous Owner \_\_\_\_\_

**NO BOATS, ATVS, GOLF CARTS, RVs, OR ANY OTHER RECREATIONAL VEHICLE IS ALLOWED TO BE KEPT OR DRIVEN IN THE COMMUNITY**

**SUBLETTING YOUR HOME IS EXPRESSLY FORBIDDEN**

**IT IS UNDERSTOOD THAT HOME OWNER'S INSURANCE MUST BE PURCHASED AND MAINTAINED. Spring Hill Park LLC needs to be listed as additionally insured.**

If purchasing a home Real Property Tax and School Tax for the assessed value of your home will be included in your lot rent.

If purchasing a home a Community Approved shed will be required, no later than six (6) months after moving into the community.

I/We certify that the answers given by me/us in this application are correct to the best of my/our knowledge. I/We understand that falsification of this application, whether willingly or accidental, is grounds for disqualification of residency in the community, or grounds for eviction if I/We was approved.

I/We certify that I/we have read the Community Rules and Regulations and will abide by them.

I/We certify that I/we can read and understand English.

We will do a credit check and background check on all applicants. By signing this application you are giving us the authority to do so.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co- Applicant/ Co-Signer Signature \_\_\_\_\_ Date \_\_\_\_\_

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