

D.P.H.A Inc
4328 Gammon Dr.
Sebring, FL 33870
863-385-8202

RESIDENCY APPLICATION

Application Fee is \$100.00 per person *Application Fee is Non-Refundable*

Checks: Made out to D.P.H.A Inc Credit Card: Processing Fee will be added

Name: _____ DOB: _____ SSN#: _____-_____-_____

(Circle one) US Citizen: Yes or No

(Check One) I intend to: Reside Full Time: _____ Reside Part Time: _____

RESIDENCY

Current Address: _____ How Long: _____

City: _____ State and Zip: _____

Phone: _____ Email: _____

Previous Address: _____ How Long: _____

City: _____ State and Zip: _____

Have you ever: (Circle One)

- | | |
|---|-----------|
| 1. Been evicted or asked to move out? | Yes or No |
| 2. Broken a rental agreement or lease contract? | Yes or No |
| 3. Been sued for non-payment of rent? | Yes or No |
| 4. Been sued for damages to property? | Yes or No |
| 5. Declared bankruptcy? | Yes or No |
| 6. Had/Have any outstanding judgments? | Yes or No |

IF "YES" to any of the above, please explain: _____

VEHICLES

Auto Make & Model: _____ License#: _____

Auto Make & Model: _____ License#: _____

INCOME

Source of Income: _____

EMERGENCY CONTACT

Name: _____ Address: _____ Phone: _____

This application is true and complete. I hereby authorize DPHA INC. Park Manager to check my credit rating / payment history/ and/criminal history /derogatory remarks/ hard inquiries, using King Background Screening Inc. I understand the information contained on this form and rental agreement may be maintained in a database for up to six years after I vacate the premise. DPHA INC Mobile Home Park does not discriminate based on race, religion, sex, or national origin.

In signing this application: I represent that the following information is factual and true. I am aware that any falsification or misrepresentation of the facts in this application could result in rejection of this Application and or constitute grounds for the Association to deny the approval of it.

Signature of Applicant

Date

D.P.H.A Inc
4328 Gammon Dr.
Sebring, FL 33870
863-385-8202

Applicant Name: _____ Date: _____

Applicant Name: _____ Date: _____

Address: _____

OFFICAL USE ONLY:

Application Fee (Non-refundable): _____ Date Paid: _____

APPROVED or NOT APPROVED

D.P.H.A Inc Park Manager Signature: _____ Date: _____

D.P.H.A Inc Board Member Signature: _____ Date: _____