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: _____

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
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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: _____

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King Background Screening Inc
Phone: (941) 284-4612 Fax: (941) 240-2126

Email: kingscreening@gmail.com
www.kingbackgroundscreening.com

CONSENT FORM FOR RELEASE OF INFORMATION

BY MY SIGNATURE BELOW, I HEREBY AUTHORIZE KING BACKGROUND SCREENING, INC. AND ITS DESIGNATED AGENTS TO RECEIVE MY CREDIT HISTORY AND REPORTS, CRIMINAL HISTORY RECORDS, VERIFICATION OF SOCIAL SECURITY NUMBER, AND CURRENT AND PREVIOUS RESIDENCES. I AGREE TO HOLD HARMLESS KING BACKGROUND SCREENING INC AND ALL PROVIDERS OF INFORMATION IN THE EVENT THAT INFORMATION PROVIDED BY ME IS FOUND TO BE MISLEADING OR FALSE. THIS AUTHORIZATION IS VALID FOR PURPOSES OF VERIFYING INFORMATION GIVEN PURSUANT TO BUSINESS NEGOTIATIONS OR ANY OTHER LAWFUL PURPOSE COVERED UNDER THE FAIR CREDIT REPORTING ACT.

APPLICANT'S FULL LEGAL NAME (PRINTED)

FIRST FULL MIDDLE NAME LAST

CURRENT STREET ADDRESS

CITY, STATE, ZIP CODE

SOCIAL SECURITY NUMBER

DATE OF BIRTH PHONE NUMBER

SIGNATURE (ELECTRONIC IS ALSO ACCEPTABLE) DATE

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EMERGENCY CONTACT FORM

Resident Name: _____

Whom to Contact

Primary Contact: _____

Relationship: _____ Phone/Cell: _____

Secondary Contact: _____

Relationship: _____ Phone/Cell: _____

Third Contact: _____

Relationship: _____ Phone/Cell: _____

Fourth Contact: _____

Relationship: _____ Phone/Cell: _____