

BRANTLEY MOBILE HOME PARK

Stone Capital Investors 847 Annadale Rd. Staten Island NY 10312 P: (800) 926-0846 or (718) 447-8100

Please print clearly. All blanks must be filled in. The decision to rent/lease or sell to you will depend in great part on how clear the information on this application is and on your references and payment history. Only clean, responsible people who pay rent on time need apply.

DO NOT APPLY IF YOU'VE EVER BEEN EVICTED.

Fax this completed application to:

646-349-8377

| or v | ou | can | scan | and | email | it | to: | fir | (a)s | ston | ieca | pita | linv | .con |
|------|----|-----|------|-----|-------|----|-----|-----|------|------|------|------|------|------|
| | | | | | | | | | | | | | | |

| Date: | | |
|---|--------------------------|----------------|
| We are applying for the home or lot located at: | | |
| How did you find out about this home or lot? | | |
| Resident(s) Information Do you have the funds available right now to move? You like the funds available and be residued. | | (date) |
| Applicant 1: | | |
| Name Date | of Birth | |
| NameDateDateDate | of dependents | including self |
| Social Security #Drivers | s License # | State |
| Present Address | City | Zip |
| Present Addressownrentlive with relative Length of tim | e at this address: | months or |
| years (circle one) | | |
| Email Address: | | |
| Best phone number to reach you: () | | |
| Landlord name if renting home | Landlord Phone # | |
| Best phone number to reach you: () Landlord name if renting home Monthly Rent \$ What kind of reference will | your current landlord | give you? |
| | | |
| TO (1.11) | . C 110 X/ N/ (. | 1 |
| If you are renting right now, is your rent currently paid if you currently live with family; have you ever rented f | | |
| family/friends? Yes or No (circle one) | iroini soinieone outside | or your |
| Have you ever been convicted of a felony crime? Yes o | or No (circle one) | |
| If yes, explain: | (| |
| | | |
| Current EmployerAddress of Employer | Phone # | |
| Address of Employer | Direct Super | rvisor |
| Position Weakly/Monthly | /Di waaldy Awa | hrs par wools |
| Position Weekly/Monthly Months/Years at Job (circle one) List any SSI Disability or Retirement income: | additional income. | ins per week |
| SSI. Disability or Retirement income: | per month. | |
| SSI, Disability or Retirement income: Are you required to pay child support? Yes or No If yes | s, how much per mont | th? \$ |

| Applicant 2: Name | Date of Birth | | |
|---|---|---------------|------------|
| marriedunmarrie | Date of Birthof dependents in | ncluding self | |
| Social Security # | Drivers License # | State | _ |
| Present Address | relative Length of time at this address: | Zip | |
| ownrentlive with years (circle one) | relative Length of time at this address: | | _ months o |
| Email Address: | | | |
| Best phone number to reach you Landlord name if renting home | I: () | | |
| Monthly Rent \$ Wha | Landlord Phone #tkind of reference will your current landlord g | ive you? | |
| If you currently live with family family/friends? Yes or No (circ Have you ever been convicted o | your rent currently paid in full? Yes or No (circle y; have you ever rented from someone outside of le one) If a felony crime? Yes or No (circle one) | f your | |
| | Phone # Direct Superv | | |
| Address of Employer | Direct Superv | visor | |
| Salary: (please circle one) \$ Months/Years at Joh | Weekly/Monthly/Bi-weekly Ave h (circle one) List any additional income: \$ come: per month. upport? Yes or No If yes, how much per month | nrs per week: | |
| SSI, Disability or Retirement inc | come: per month. | | |
| Are you required to pay child su | ipport? Yes or No If yes, how much per month | ? \$ | |
| Applicant 3: | | | |
| Name | Date of Birthof dependents in | | |
| marriedunmarrie | edseparatedof dependents in | ncluding self | |
| Social Security # | Drivers License # | State | _ |
| Present Address | City | Zip | |
| | relative Length of time at this address: | | _ months o |
| years (circle one) | | | |
| Email Address: | | | |
| Best phone number to reach you | Landlord Phone # tkind of reference will your current landlord g | | |
| Monthly Rent \$ Wha | Landlord Phone #tkind of reference will your current landlord g | ive you? | |
| | within or reference with your current lundreru g | | |
| If you currently live with family family/friends? Yes or No (circ | your rent currently paid in full? Yes or No (circler; have you ever rented from someone outside of le one) of a felony crime? Yes or No (circle one) | | |
| If yes, explain: | DI // | | |
| Current EmployerAddress of Employer | Phone # | | _ |
| rudices of Employer | | | |

| Direct Supervisor Salary: (please circle one) \$ Months/Years at Job (or) | Position Weekly/Monthly/Bi-weekly/Monthly/ | ekly Ave hrs per we | eek: |
|---|--|--|---|
| SSI, Disability or Retirement incom Are you required to pay child suppo | e: per m | onth. | |
| Other Occupants : All persons occupants Name | Relationship | sted. | Age |
| | | | |
| VehiclesList Vehicles to be parkedTypeColoTypeColo | or Year or Year | | |
| Are you current pet owners? Yes or | No (circle one) Breeds, ag | ges & weights | , Pet |
| Information (list ALL pets) Max please inquire. If you don't know what kind of dog Any previous foreclosures, evictions If yes, list date of occurrence: Foreclosure or Bankruptcy does not Personal References | y you own take it to a veteri | inarian and find out before (circle one) | ore applying. |
| Name | Address | Phone | |
| Name | Address | Phone | |
| In case of emergency notify | | | |
| Name | Relationship | Phone | |
| Address By signing and submitting this application, is source(s) to conduct a credit check and crimqualifying me/us for their purchase and/or rapplications based on the findings from the information provided on this application is of this application and the contents the | ninal background report utilizing ental program. I/we further ackn background check. I/we understactuse for immediate denial of app | the information I/we've provide towledge and accept their police and that falsification/misreprese plication. | ded for the purpose of cy to approve or deny sentation of any |
| 2s approanon and me coments in | 2. 25, a. c . epi esemeu, oy m | e. as, to so accurate and | compresse. |
| Signature (Applicant 1) | | (Seal)Date | |
| Signature (Applicant 2) | | (Seal)Date | |
| Signature (Applicant 3) | | (Seal)Date | |