

SWAN LAKE MOBILE HOME COMMUNITY  
20 HARBOUR ROAD, N.E.  
ROME, GEORGIA 30165  
(706) 234-5000

**PICTURE ID REQUIRED**  
**\$100.00 NON REFUNDABLE PET FEE REQUIRED**

DATE: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

SOCIAL SECURITY NO.: \_\_\_\_\_ DRIVERS LICENSE NO.: \_\_\_\_\_

SPOUSE/ROOMMATE NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ DRIVERS LICENSE NO.: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_ YRS. \_\_\_\_\_

OWNER/MANAGER ADDRESS CITY STATE ZIP PHONE

REASON FOR MOVING: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ YRS. \_\_\_\_\_

OWNER/MANAGER ADDRESS CITY STATE ZIP PHONE

CURRENT EMPLOYER:

POSITION \_\_\_\_\_ SALARY \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_ YRS. \_\_\_\_\_

SPOUSE'S EMPLOYER:

POSITION \_\_\_\_\_ SALARY \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_ YRS. \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESIDENCE DESIRED \_\_\_\_\_ DATE OF OCCUPANCY \_\_\_\_\_  
(NO. OF BEDROOMS)

HAVE YOU EVER BROKEN A LEASE OR BEEN EVICTED FROM ANY TYPE OF HOUSING?

IF YES, PLEASE EXPLAIN: (YOU MAY USE THE BACK OF THIS FORM FOR ADDITIONAL SPACE IF NECESSARY):

HAVE YOU OR ANYONE LISTED ON THIS APPLICATION EVER LIVED AT SWAN LAKE? \_\_\_\_\_ IF YES, (PLEASE LIST PERSON, ADDRESS AND YR. AND UNDER WHAT NAME)

NAME OF OTHER OCCUPANTS (ALL PERSONS OCCUPYING PREMISES MUST BE LISTED):

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

MAKE AND MODEL OF VEHICLES:

MAKE _____	COLOR _____	YR _____
MAKE _____	COLOR _____	YR _____

DO YOU HAVE ANY PETS? \_\_\_\_\_ IF SO, INDICATE KIND, WEIGHT, BREED, \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT US? \_\_\_\_\_

**NO CHECKS ACCEPTED ON MOVE-IN**

YOU HAVE MY PERMISSION TO RUN A CREDIT CHECK AND A CRIMINAL BACKGROUND CHECK. THIS APPLICATION AND THE CONTENTS THEREOF ARE REPRESENTED, BY ME, TO BE ACCURATE AND COMPLETE.

SIGNATURE \_\_\_\_\_

SPOUSES SIGNATURE \_\_\_\_\_

**FOR OFFICE USE ONLY:**

SIGNATURE OF PERSON APPROVING APPLICATION: \_\_\_\_\_

DATE TENANT WILL MOVE INTO UNIT: \_\_\_\_\_

AMOUNT PAID ON DEPOSIT: \_\_\_\_\_

DATE FIRST RENT IS DUE: \_\_\_\_\_

AMOUNT DUE: \_\_\_\_\_ (WEEKLY/MONTHLY)