

**KDM Development Corp
Delilah Terrace/Stoney Field Estates**

1080 Pittsford-Victor Rd., Suite 202
Pittsford, New York 14534
(585)381-0570
(585)-381-0313

Management Office
6515 Delilah Road, Lot 2034
Egg Harbor Township, NJ 08234
(609) 646-6788

APPLICATION FOR RESIDENCY

Proposed Lot: _____

Proposed Move In Date: _____

Applicant #1

Applicant #2

Name: _____

Name: _____

Present Address: _____

Present Address: _____

Social Security #: _____

Social Security #: _____

Date of Birth: _____

Date of Birth: _____

Phone #: _____

Phone #: _____

Email Address: _____

Email Address: _____

Present Employer: _____

Present Employer: _____

Job Title: _____

Job Title: _____

Work Phone : _____

Work Phone : _____

Monthly Income: _____

Monthly Income: _____

Proposed Residents – please include any additional adults and children of all ages

Name: _____

D.O.B. _____

Relationship: _____

Name: _____

D.O.B. _____

Relationship: _____

Name: _____

D.O.B. _____

Relationship: _____

Name: _____

D.O.B. _____

Relationship: _____

Pets: _____

Auto/Trucks: _____

Do any proposed residents have any felonies/misdemeanors or evictions? If yes, please provide brief details.

Mobile Home: Make: _____ Model: _____ Year: _____ Size: _____

Lien Holder/Mortgage on Mobile Home: _____

Credit References: _____

Current Landlord: _____ Phone #: _____

Were you referred to us by a current resident? If so, who:

Name _____ Lot # _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Name: _____ Phone: _____

I do hereby give permission for any credit verification needed and use of any information contained herein to obtain a report of credit history.

Applicant _____

_____ Date

Applicant _____

_____ Date

Please note:

\$35.00 application fee is required per adult application.

Application fee must be in the form of a money order - no cash, checks or credit cards.

Current photo ID, Social Security Card, 3 most-recent pay stubs, and last 2 years of taxes are required with application.

All potential household members 18 years of age and older must complete an application and be approved by management *PRIOR* to moving into the community.

Please allow up to 48 hours for application to be fully processed.

KDM DEVELOPMENT
1080 Pittsford Victor Rd. Ste. 202
Pittsford, NY 14534
Phone: 585-381-0570

Tenant Report Request
PARK: _____

PROPOSED LOT: _____

TENANT PHONE NUMBER: _____

APPLICANT INFORMATION: (Please print all information, if applicable)

TENANT LAST NAME: _____ **FIRST:** _____ **M.I.** _____ **MAIDEN:** _____

CO-TENANT LAST NAME: _____ **FIRST:** _____ **M.I.:** _____ **MAIDEN:** _____

CURRENT ADDRESS(Tenant): _____
Street Address City State Zip

PREVIOUS ADDRESS(Tenant): _____
Street Address City State Zip

CURRENT ADDRESS(Co-Tenant): _____
Street Address City State Zip

PREVIOUS ADDRESS(Co-Tenant): _____
Street Address City State Zip

SOCIAL SECURITY #(Tenant): _____ **MALE:** _____ **FEMALE:** _____

TIN # (Tenant): _____ **MALE:** _____ **FEMALE:** _____

SOCIAL SECURITY #(Co-Tenant): _____ **MALE:** _____ **FEMALE:** _____

TIN # (Co-Tenant): _____ **MALE:** _____ **FEMALE:** _____

PERSPECTIVE RESIDENT INQUIRY RELEASE AUTHORIZATION

In connection with my application for residency, I understand that background inquiries may be made on those listed in this request including credit, criminal and other reports. These reports may include information as to my character, credit worthiness, employment status, and general reputation. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past credit, criminal, civil, criminal, civil and other activities.

Without reservation, I authorize any party or agency contacted by this lessor or agent, designated in this release, to furnish the above mentioned information.

TENANT SIGNATURE: _____ **DATE OF BIRTH:** _____

CO TENANT SIGNATURE: _____ **DATE OF BIRTH:** _____

REPORT(S) REQUESTED BY LESSOR (Please check the appropriate information)

Tenant
 Criminal Report, County

State: _____

County: _____

Felony
 Felony and Misdemeanor
Do you want the maiden name searched? Yes No
(Maiden name search will incur additional charges)

Criminal Record Search State of _____

Co-Tenant
 Criminal Report, County

State: _____

County: _____

Felony
 Felony and Misdemeanor
Do you want the maiden name searched? Yes No
(Maiden name search will incur additional charges)

Criminal Record Search State of _____

NOTE: Each record will be charged separately