

# Application to Rent

**Opelika Mobile Home Park**  
 4100 Walnut Street  
 Opelika, AL 36804

Phone: (334) 363-2228 Fax: (334) 363-2229  
 manager@opelikamhp.com

Applicant Information			
Name:		Date of birth:	
SSN:	Driver's License #:	Phone:	
Current address:			
City:		State:	ZIP Code:
Own	Rent (Please circle)	Monthly payment or rent:	How long?
Previous address:			
City:		State:	ZIP Code:
Owned	Rented (Please circle)	Monthly payment or rent:	How long?
Employment Information			
Current employer:		Supervisor name:	
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly	Salary (Please circle)	Annual income:
3 Credit References			
Name:	Address:		Phone:
1.			
2.			
3.			
3 Personal References			
Name:	Address:		Phone:
1.			
2.			
3.			
List the names and ages of all individuals who will be living with you:			
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.			
Signature of applicant:			Date: