



Country Village
MOBILE HOME PARK

10 Gray Gables Dr. Williamsburg, VA 23185

Office: 757.887.1955 | Fax: 757.888.6945

Email: Info@countryvillageva.com
Website: www.countryvillageva.com

DATE: _____

Have you ever lived here: _____ Do you know anyone who lives here: _____

Full Name: _____ 2.) _____

DOB: _____ DOB: _____

SSN: _____ S/M/W/D: _____ SSN: _____ S/M/W/D: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Present Address _____

How long at this address _____ Home phone _____ (C): _____

Landlord: _____ Phone: _____ Reason for leaving: _____

Monthly rent amount \$ _____

EMPLOYMENT

1.) _____ 2.) _____

Phone: _____ Phone: _____

Address: _____ Address: _____

Position: _____ Position: _____

How long employed: _____ How long employed: _____

Supervisor: _____ Supervisor: _____

Gross Pay \$: _____ (wk/bi-wkly/mo) _____ Gross Pay \$: _____ (wk/bi-wkly/mo) _____

Others that will reside with you:

Name: _____ Age: _____ Relationship: _____

CREDIT HISTORY

Bank: _____ Checking: _____ Savings: _____

Creditors: _____ Type of Credit or Loan: _____ Monthly Payment: _____

Vehicle(s): _____

I UNDERSTAND MY CREDIT WILL BE CHECKED WITH RETAIL MERCHANTS ASSTN. THIS IS IN ACCORDANCE WITH THE FAIR REPORTING PRACTISE ACT. ALL INFORMATION PROVIDED IS TRUE AND CORRECT.

A NON-REFUNDABLE \$20.00 FEE PER PERSON IS PAYABLE WHEN APPLICATION IS SUBMITTED

Signature by Applicant PHOTO IDENTIFICATION REQUIRED

Lot rental: _____ Rental of Home: _____

Mobile home site: _____ Bedrooms: _____

Make of home: _____ A/C Yes No

Dealer: _____