



Dear Perspective Buyer,

First and foremost, thank you for your interest in our community. Second, and most importantly, in order to become a resident within the Holly Village Community, a mandatory screening must be completed and approved prior to anyone who would like to purchase a home whether it is a new home or a resale. The required FICO credit score for our residency is 640 and above. The screening also reviews rental history; any filings or evictions.

The following application documents are required to be filled out for approval to reside within our community. These are the forms that must be completed by you and anyone else 18 or older. If you and another adult are both purchasing a home and both going to be on the home's title, then you both will fill out **1st Subject** and **2nd subject** on the first form. On pages 2 & 3, please fill out the **Applicant** and **Co-Applicant** information. **Sign** page 3 of the application. **Only complete areas that are highlighted.** (Required areas to complete are bold & highlighted in **yellow** for your convenience).

In addition to the application, we require color copies of photo ID (front & back), social security card, and one month's proof of income. When the application is completed, contact the office to return it with the application fee of \$50 per adult (18 or older). **Provide payment in the form of a money order or cashier check made payable to Holly Village.** Please note the address of the home you are interested in buying on the cashier's check or money order. The \$50 per person application fee is non-refundable.

Please allow five business days for your application to be processed starting the day the application and payment have been received. We do not accept personal checks or cash.

Thank you.

The Staff and Management of Holly Village

Nancy Kinkade: Assistant Property Manager
hollyvillagengk@gmail.com

Member O.L.G Land +/a Holly Village
2 350 Silver Run Rd. 516
Millville, NJ 08332

Tel.: (856) 825-3083 Fax: (856) 825-5442

2 Please sign >>>>>>> Member's ^{6/17}Signature (Must be signed) Date

Information Request Form/Facsimile Cover Sheet

This facsimile transmission contains confidential and / or privileged information , intended only for the addressee named above. If you are not the intended addressee, please note that any disclosure, copying, distribution or use of this faxed information is prohibited. If you receive this facsimile in error, please notify us at 1-800-316-2455 so that we can arrange to retrieve the document without cost to you. Member agrees that this request for information is in accordance with and subject to the "Agreement for Service" which was signed between the member and the Credit Clearing House.

Information being requested on:

1st Subject

Notes:

Name: _____
 First Middle Init. Last Birth date

SS # _____

Street : _____ Apt. # _____ Combo ? _____

City _____ State _____ Zip _____

Criminal? _____

Eviction? _____

\$ _____
Application fee

Signature of subject

Is this a husband and wife **Joint** report ? _____

2nd Subject

Notes:

Name: _____
 First Middle Init. Last Birth date

SS # _____

Street : _____ Apt. # _____ Combo ? _____

City _____ State _____ Zip _____

Criminal? _____

Eviction? _____

\$ _____
Application fee

Signature of subject

Credit Clearing House

Voice (508) 675-1111 56 North Main St., Ste. #224, Fall River, MA 02720 Fax: (508) 679-4999

National Toll Free Customer Service: Voice: (800) 316-2455 Fax: (800) 440-2045

The above information is all we need to deliver a report. **IT MUST BE COMPLETE INCLUDING ZIP CODE.** You can fax a request to us 24 hours per day. If received after business hours, we will fax the report to you the following morning Please print or type clearly with black ink. Colored inks (blue, red, etc.) reproduce poorly when printed by a fax machine.

Over, Please

Holly Village Application for Residency

Applicant Information

Name _____
Date of Birth _____ Social Security Number _____
Current Address _____
Own _____ Rent _____ Mortgage/Rent _____ Years of residency _____
Previous Address _____
Own _____ Rent _____ Mortgage/Rent _____ Years of residency _____
Phone # _____ Cell # _____ Email _____
Driver's License Number _____ State _____

Employment/Income Information

Current Employer or Income Source _____ Employment dates _____
Employer Address _____ Employer Phone # _____
Position _____ Hourly or Salary (circle one) Annual Income \$ _____

Co-Applicant Information (if applicable)

Name _____
Date of Birth _____ Social Security Number _____
Current Address _____
Own _____ Rent _____ Mortgage/Rent _____ Years of residency _____
Previous Address _____
Own _____ Rent _____ Mortgage/Rent _____ Years of residency _____
Phone # _____ Cell # _____ Email _____
Driver's License Number _____ State _____

Employment/Income Information

Current Employer or Income Source _____ Employment dates _____
Employer Address _____ Employer Phone # _____
Position _____ Hourly or Salary (circle one) Annual Income \$ _____

Other Occupants

Name _____ Relationship _____ Age _____ SSN _____

Name _____ Relationship _____ Age _____ SSN _____

Name _____ Relationship _____ Age _____ SSN _____

Have you ever been convicted of a felony? Yes ___ No ___

If yes, what is/are the charges? _____

Have you ever filed a petition for bankruptcy? Yes ___ No ___ (please pick one)

If yes, has it been discharged? Yes ___ No ___ (please pick one) If yes, when? _____

Have you ever been requested to terminate your residency or have you ever been evicted?

Yes ___ No ___ If yes, please complete the following:

Landlord's name _____ Landlord's Address _____

Landlord's phone# _____ Address of rental property _____

Reason for residency termination _____

References (non-family members)

Name _____ Phone# _____ Relationship _____

Name _____ Phone# _____ Relationship _____

I authorize Holly Village to verify all information provided on this form. I certify that all information is true and complete to the best of my knowledge. False or misleading information is cause for rejection.

Signature of Applicant _____ **Date** _____

Signature of Applicant _____ **Date** _____

Please be sure to fill out all required information on all pages of the application. All applications must submit colored copies of their driver's license or a state issued ID, social security card and provides proof of income for 1 month.