

## Catalog

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FOR OFFICE USE ONLY: APP RECEIVED: \_\_\_\_\_ FEE PAID: \_\_\_\_\_  
ACCEPTED: \_\_\_\_\_ DENIED: \_\_\_\_\_ LETTER SENT: \_\_\_\_\_

### PRIMARY LESSEE APPLICATION

*\*Please print legibly and provide all requested information. If illegible or incomplete, your application approval may be delayed or your application may be denied.*

COMMUNITY: TWIN MAPLES

HOME SPACE: \_\_\_\_\_

EARLIEST DESIRED DATE OF OCCUPANCY: \_\_\_\_\_

**\*\*ALL PERSONS TO BE ON TITLE MUST COMPLETE AN APPLICATION AND MUST BE ON LEASE\*\***

FULL NAME OF PRIMARY APPLICANT: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

BEST PHONE #: \_\_\_\_\_

EMAIL ADDRESS (REQUIRED): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

LENGTH OF TIME AT CURRENT ADDRESS: \_\_\_\_\_

CURRENT LANDLORD: \_\_\_\_\_

CURRENT LANDLORD CONTACT #/EMAIL: \_\_\_\_\_

PRIOR ADDRESS (IF YEARS AT CURRENT ADDRESS ARE LESS THAN 5):

\_\_\_\_\_

PRIOR LANDLORD: \_\_\_\_\_

PRIOR LANDLORD CONTACT #/EMAIL: \_\_\_\_\_

## INCOME

\*\*\* **CURRENT TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_ \*\*\*

(PLEASE USE NET/TAKE HOME AMOUNTS AND INCLUDE ALL SOURCES OF INCOME TO BE  
CONSIDERED BY THE COMMUNITY FOR YOUR APPLICATION)

EMPLOYMENT STATUS (CHOOSE ALL THAT APPLY):

☐ FULL-TIME      ☐ PART-TIME      ☐ RETIRED

EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_ ☐ FULL-TIME    ☐ PART-TIME

NUMBER OF YEARS WORKING FOR THIS EMPLOYER: \_\_\_\_\_

NUMBER OF YEARS IN CURRENT POSITION: \_\_\_\_\_

SUPERVISOR/HUMAN RESOURCES CONTACT #: \_\_\_\_\_

MONTHLY TAKE HOME PAY: \$ \_\_\_\_\_

PRIOR PRIMARY EMPLOYER (IF YEARS WITH CURRENT EMPLOYER = LESS THAN 5):

\_\_\_\_\_

POSITION: \_\_\_\_\_ ☐ FULL-TIME    ☐ PART-TIME

NUMBER OF YEARS WORKING FOR PRIOR EMPLOYER: \_\_\_\_\_

SECONDARY EMPLOYER (IF APPLICABLE): \_\_\_\_\_

POSITION: \_\_\_\_\_ ☐ FULL-TIME    ☐ PART-TIME

NUMBER OF YEARS WORKING FOR THIS EMPLOYER: \_\_\_\_\_

SUPERVISOR/HUMAN RESOURCES CONTACT #: \_\_\_\_\_

MONTHLY TAKE HOME PAY: \$ \_\_\_\_\_

ADDITIONAL INCOME SOURCE: \_\_\_\_\_

MONTHLY NET AMOUNT: \$ \_\_\_\_\_

## BANKING AND CREDIT REFERENCES

### ASSETS

CHECKING ACCOUNT: \$ \_\_\_\_\_ with \_\_\_\_\_

SAVINGS ACCOUNT: \$ \_\_\_\_\_ with \_\_\_\_\_

OTHER ASSETS: \$ \_\_\_\_\_ type \_\_\_\_\_

### DEBTS

**MTG CAR CC OTHER** CREDITOR: \_\_\_\_\_

MONTHLY PAYMENT: \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

**MTG CAR CC OTHER** CREDITOR: \_\_\_\_\_

MONTHLY PAYMENT: \$ \_\_\_\_\_ BALANCE (IF APPLICABLE): \$ \_\_\_\_\_

**MTG CAR CC OTHER** CREDITOR: \_\_\_\_\_

MONTHLY PAYMENT: \$ \_\_\_\_\_ BALANCE (IF APPLICABLE): \$ \_\_\_\_\_

**\*\*\*ADDITIONAL ITEMS? PLEASE LIST ON A BLANK SHEET OF PAPER AND ATTACH\*\*\***

## HISTORY

1.) Have you ever been evicted, foreclosed upon, or sued by a creditor? **Y N** Year: \_\_\_\_\_

Explain: \_\_\_\_\_

2.) Have you ever declared bankruptcy? **Y N** Year: \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

3.) Have you ever been arrested? **Y N** Year: \_\_\_\_\_ Felony: **Y N**

Explain: \_\_\_\_\_

4.) Have you ever initiated a lawsuit against any person or company? **Y N**

Explain: \_\_\_\_\_

**ADULTS OVER THE AGE OF 18, NOT ON THE LEASE, WHO WILL BE RESIDING IN THE  
HOME AT THE PLEASURE OF THE LESSEE**

**(\*A separate resident application must also be submitted for each person listed below.)**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**MINOR CHILDREN WHO WILL BE RESIDING IN THE HOME**

***(If you are applying to one of our 55 Plus Communities this section is not applicable.)***

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**PETS**

**(\*If you have a pet you must also submit a completed pet registration with this application.)**

NUMBER OF PETS: \_\_\_\_\_

**DOG CAT OTHER** BREED: \_\_\_\_\_ AGE/WEIGHT: \_\_\_\_\_/\_\_\_\_\_

**DOG CAT OTHER** BREED: \_\_\_\_\_ AGE/WEIGHT: \_\_\_\_\_/\_\_\_\_\_

**VEHICLES**

NUMBER OF VEHICLES THAT WILL BE AT YOUR HOME SPACE: \_\_\_\_\_

TYPE (CAR/TRUCK/MOTORCYCLE): \_\_\_\_\_ MAKE/MODEL: \_\_\_\_\_

TYPE (CAR/TRUCK/MOTORCYCLE): \_\_\_\_\_ MAKE/MODEL: \_\_\_\_\_

TYPE (CAR/TRUCK/MOTORCYCLE): \_\_\_\_\_ MAKE/MODEL: \_\_\_\_\_

TYPE (CAR/TRUCK/MOTORCYCLE): \_\_\_\_\_ MAKE/MODEL: \_\_\_\_\_

## MANUFACTURED HOME PURCHASE

MAKE/MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_

COLOR: \_\_\_\_\_ TYPE OF HEAT: \_\_\_\_\_ # OF BEDROOMS: \_\_\_\_\_

PURCHASE PRICE: \$ \_\_\_\_\_ ARE YOU FINANCING: Y N

FINANCED AMOUNT: \$ \_\_\_\_\_ ESTIMATED MONTHLY PAYMENT: \$ \_\_\_\_\_

FINANCE COMPANY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

## EMERGENCY CONTACTS

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

APPLICANT STATEMENT: I hereby certify that the answers I have given in this application are true and correct to the best of my knowledge, I understand that any false answers or statements made by me may be grounds for denial or lease termination action. Additionally, for the purpose of procuring rental of the referenced premises, and for credit clearance as a tenant of the premises rented, the undersigned furnishes the above as a true, full and correct statement as of the date given, and hereby authorizes the owner, or its agent, (1) to verify any statement made herein and to obtain a credit report from any credit source, and (2) to interview third parties such as employers, business associates, financial sources, current or former landlords, neighbors, and (3) to contact any police department or other information sources, requesting information as to any criminal charges or convictions against applicants or other background information or history (4) to report to any credit reporting agency applicant's failure to pay as agreed within the lease agreement entered into between applicant and owner in reliance of this application, and (5) if approved, authorizes landlord at any-time during tenancy to procure an updated credit report or criminal background check. The undersigned hereby releases the owner, or its agent from all liability for any damage whatsoever incurred in furnishing or obtaining such information. Applicant further agrees to inform owner, via its agent, of ANY changes in their status as shown on this application.

\_\_\_\_\_  
PRIMARY APPLICANT SIGNATURE AND AFFIRMATION

DATE: \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM

**\*\*NOTICE: APPLICATION FEE OF \$46.00 (CASH/CHECK/MONEY ORDER) IS DUE UPON SUBMISSION\*\***

TWIN MAPLES 02 APPLICATION – PRIMARY LESSEE- 6-1-2025 5 Pages

FOR OFFICE USE ONLY: APP RECEIVED: \_\_\_\_\_ FEE PAID: \_\_\_\_\_  
ACCEPTED: \_\_\_\_\_ DENIED: \_\_\_\_\_ LETTER SENT: \_\_\_\_\_

## SECONDARY LESSEE APPLICATION

*\*Please print legibly and provide all requested information. If illegible or incomplete, your application approval may be delayed or your application may be denied.*

COMMUNITY: TWIN MAPLES

HOME SPACE: \_\_\_\_\_

**\*\*ALL PERSONS TO BE ON TITLE MUST COMPLETE AN APPLICATION AND MUST BE ON LEASE\*\***

**\*\*\*IF AN ANSWER TO ANY OF THE BELOW IS IDENTICAL TO THE INFORMATION ON THE PRIMARY LESSEE'S APPLICATION PLEASE SIMPLY STATE SEE PRIMARY\*\*\***

FULL NAME OF CO-APPLICANT: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

BEST PHONE #: \_\_\_\_\_

EMAIL ADDRESS (REQUIRED): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

LENGTH OF TIME AT CURRENT ADDRESS: \_\_\_\_\_

CURRENT LANDLORD: \_\_\_\_\_

CURRENT LANDLORD CONTACT #/EMAIL: \_\_\_\_\_

PRIOR ADDRESS (IF YEARS AT CURRENT ADDRESS ARE LESS THAN 5):  
\_\_\_\_\_

PRIOR LANDLORD: \_\_\_\_\_

PRIOR LANDLORD CONTACT #/EMAIL: \_\_\_\_\_

## INCOME

\*\*\* **CURRENT TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_ \*\*\*

(PLEASE USE NET/TAKE HOME AMOUNTS AND INCLUDE ALL SOURCES OF INCOME TO BE  
CONSIDERED BY THE COMMUNITY FOR YOUR APPLICATION)

EMPLOYMENT STATUS (CHOOSE ALL THAT APPLY):

☐ FULL-TIME      ☐ PART-TIME      ☐ RETIRED

EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_ ☐ FULL-TIME    ☐ PART-TIME

NUMBER OF YEARS WORKING FOR THIS EMPLOYER: \_\_\_\_\_

NUMBER OF YEARS IN CURRENT POSITION: \_\_\_\_\_

SUPERVISOR/HUMAN RESOURCES CONTACT #: \_\_\_\_\_

MONTHLY TAKE HOME PAY: \$ \_\_\_\_\_

PRIOR PRIMARY EMPLOYER (IF YEARS WITH CURRENT EMPLOYER = LESS THAN 5):

\_\_\_\_\_

POSITION: \_\_\_\_\_ ☐ FULL-TIME    ☐ PART-TIME

NUMBER OF YEARS WORKING FOR PRIOR EMPLOYER: \_\_\_\_\_

SECONDARY EMPLOYER (IF APPLICABLE): \_\_\_\_\_

POSITION: \_\_\_\_\_ ☐ FULL-TIME    ☐ PART-TIME

NUMBER OF YEARS WORKING FOR THIS EMPLOYER: \_\_\_\_\_

SUPERVISOR/HUMAN RESOURCES CONTACT #: \_\_\_\_\_

MONTHLY TAKE HOME PAY: \$ \_\_\_\_\_

ADDITIONAL INCOME SOURCE: \_\_\_\_\_

MONTHLY NET AMOUNT: \$ \_\_\_\_\_



## BANKING AND CREDIT REFERENCES

### ASSETS

CHECKING ACCOUNT: \$ \_\_\_\_\_ with \_\_\_\_\_

SAVINGS ACCOUNT: \$ \_\_\_\_\_ with \_\_\_\_\_

OTHER ASSETS: \$ \_\_\_\_\_ type \_\_\_\_\_

### DEBTS

**MTG CAR CC OTHER** CREDITOR: \_\_\_\_\_

MONTHLY PAYMENT: \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

**MTG CAR CC OTHER** CREDITOR: \_\_\_\_\_

MONTHLY PAYMENT: \$ \_\_\_\_\_ BALANCE (IF APPLICABLE): \$ \_\_\_\_\_

**MTG CAR CC OTHER** CREDITOR: \_\_\_\_\_

MONTHLY PAYMENT: \$ \_\_\_\_\_ BALANCE (IF APPLICABLE): \$ \_\_\_\_\_

**\*\*\*ADDITIONAL ITEMS? PLEASE LIST ON A BLANK SHEET OF PAPER AND ATTACH\*\*\***

## HISTORY

1.) Have you ever been evicted, foreclosed upon, or sued by a creditor? **Y N** Year: \_\_\_\_\_

Explain: \_\_\_\_\_

2.) Have you ever declared bankruptcy? **Y N** Year: \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

3.) Have you ever been arrested? **Y N** Year: \_\_\_\_\_ Felony: **Y N**

Explain: \_\_\_\_\_

4.) Have you ever initiated a lawsuit against any person or company? **Y N**

Explain: \_\_\_\_\_

APPLICANT STATEMENT: I hereby certify that the answers I have given in this application are true and correct to the best of my knowledge, I understand that any false answers or statements made by me may be grounds for denial or lease termination action. Additionally, for the purpose of procuring rental of the referenced premises, and for credit clearance as a tenant of the premises rented, the undersigned furnishes the above as a true, full and correct statement as of the date given, and hereby authorizes the owner, or its agent, (1) to verify any statement made herein and to obtain a credit report from any credit source, and (2) to interview third parties such as employers, business associates, financial sources, current or former landlords, neighbors, and (3) to contact any police department or other information sources, requesting information as to any criminal charges or convictions against applicants or other background information or history (4) to report to any credit reporting agency applicant's failure to pay as agreed within the lease agreement entered into between applicant and owner in reliance of this application, and (5) if approved, authorizes landlord at any-time during tenancy to procure an updated credit report or criminal background check. The undersigned hereby releases the owner, or its agent from all liability for any damage whatsoever incurred in furnishing or obtaining such information. Applicant further agrees to inform owner, via its agent, of ANY changes in their status as shown on this application.

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CO-APPLICANT SIGNATURE AND AFFIRMATION

DATE: \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM

**\*\*NOTICE: APPLICATION FEE OF \$46.00 (CASH/CHECK/MONEY ORDER) IS DUE UPON SUBMISSION\*\***

## RESIDENT APPLICATION

(This application is for an adult that will be living with you, but will **NOT** be on the home title or the lease.)

COMMUNITY: TWIN MAPLES HOME SPACE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

RELATIONSHIP TO PRIMARY APPLICANT/LESEE: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ DRIVER LIC #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CURRENT LANDLORD NAME / #: \_\_\_\_\_ / \_\_\_\_\_

CURRENTLY EMPLOYED?: Y N IF YES: ( ) FULL-TIME ( ) PART-TIME

EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

SUPERVISOR PHONE #: \_\_\_\_\_ YEARS ON JOB: \_\_\_\_\_

- 1.) Have you ever been evicted, foreclosed upon, or sued by a creditor? Y N Year: \_\_\_\_\_
- 2.) Have you ever been arrested? Y N Year: \_\_\_\_\_ Felony: Y N
- 3.) Have you ever initiated a lawsuit against any person or company? Y N

**\*\*\*Please feel free to attach a sheet explaining any yes answers to the above 3 questions\*\*\***

APPLICANT(S) STATEMENT: I hereby certify that the answers I have given in this application are true and correct to the best of my knowledge, I understand that any omissions, false answers or false statements made by me may be grounds for denial or expulsion from the community. Additionally, for the purpose of procuring residency at the referenced premises, and for criminal clearance as a resident of the premises, the undersigned furnishes the above as a true, full and correct statement as of the date given, and hereby authorizes the owner, or its agent, (1) to verify any statement made herein and to obtain a criminal report from any criminal record reporting service, and (2) to interview third parties such as employers, business associates, current or former landlords, neighbors, and (3) to contact any police department or other information sources, requesting information as to any criminal charges or convictions against applicants or other background information or history, and (4) if approved, authorizes landlord at any-time during residency to procure an updated criminal background check. The undersigned hereby releases the owner, or its agent from all liability for any damage whatsoever incurred in furnishing or obtaining such information. Applicant further agrees to inform owner, via its agent, of ANY changes in their status as shown on this application.

This application is for residency only. The person applying herein does not have any right to reside in the property after the primary applicant/lessee no longer resides at the property, either by choice, death or eviction. In the case of death the resident will be given 60 days to resolve their living arrangements before eviction proceedings will be filed with the court. Additionally, the primary applicant/lessee accepts all liability for the actions of said resident.

By signing below, you affirm and agree to the above statements.

X \_\_\_\_\_

X \_\_\_\_\_

RESIDENT

PRIMARY APPLICANT/LESSEE

DATE: \_\_\_\_\_ AND TIME \_\_\_\_\_ AM/PM

DATE: \_\_\_\_\_ AND TIME \_\_\_\_\_ AM/PM

**\*\*NOTICE: APPLICATION FEE OF \$31.00 (CASH/CHECK/MONEY ORDER) IS DUE UPON SUBMISSION\*\***

OFFICE USE: RCVD & FEE PD: _____ ACCEPTED/DENIED: _____ APPLICANT NOTIFIED: _____
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## **Twin Maples Community**

A Weber Properties community

### **CAT REGISTRATION**

DATE: \_\_\_\_\_

Lessee Name: \_\_\_\_\_ Home Space: \_\_\_\_\_

1. Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

2. Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

**I agree to abide by the Policies and Guidelines that covers the responsibilities and rules for pet ownership within the Community. I will continue to provide to the office updated copies of the documents below, upon community request.**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Community Approval: \_\_\_\_\_

#### **Required Proofs (to be attached hereto):**

Photo

Current Rabies and FVRCP Vaccination Shots – which must be kept current

Proof of Spay/Neuter

## **Twin Maples Community**

A Weber Properties community

### **DOG REGISTRATION**

DATE: \_\_\_\_\_

Lessee Name: \_\_\_\_\_ Home Space: \_\_\_\_\_

1. Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

2. Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

**I agree to abide by the Policies and Guidelines that covers the responsibilities and rules for pet ownership within the Community. I will continue to provide to the office updated copies of the documents below, upon community request.**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Community Approval: \_\_\_\_\_

**Required Proofs (to be attached hereto):**

Photo

Current Rabies and Regular Vaccination Shots – which must be kept current

County License – which must be kept current

## **Twin Maples Community**

A Weber Properties Community

### **COMMUNITY POLICIES AND FEES DISCLOSURE**

This document contains important information regarding your legal rights and your financial obligations in leasing or renewing or signing a new lease for a manufactured home space. Make sure that you read the entire document and seek legal advice if you have any questions regarding the information stated in this document. The statements contained in this disclosure are only summary in nature. A prospective lessee should refer to all references; including all lease or rental agreement documents as well as any rules and regulations that have been established for the manufactured home community. Oral representations should not be relied on as correctly stating the representations of the manufactured home community owner or operator. Instead, you should refer to the lease or rental agreement and required disclosure documents for correct representations. You should also refer to the act of November 24, 1976 (P.L.1176, No.261), known as the Manufactured Home Community Rights Act, to become familiar with your obligations and rights as a manufactured home resident. You have **FIVE CALENDAR DAYS** from the date you received this documentation to cancel your agreement in writing to the manufactured home community owner or operator.

**I HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THE BEACH RUN COMMUNITY POLICIES AND GUIDELINES FOR COMMUNITY LIVING; A COPY OF THE BEACH RUN COMMUNITY RENT, FEES, SERVICE CHARGES, ASSESSMENTS AND UTILITY CHARGES DISCLOSURE; AND A SAMPLE COPY OF THE LEASE THAT WILL BE PRESENTED TO ME FOR EXECUTION PRIOR TO RESIDING IN THE COMMUNITY.**

_____ Signature	_____ Print Name	_____ Date	_____ Time
_____ Signature	_____ Print Name	_____ Date	_____ Time
_____ Signature	_____ Print Name	_____ Date	_____ Time
_____ Signature	_____ Print Name	_____ Date	_____ Time

## **Twin Maples Community**

A Weber Properties Community

### **IMPORTANT NOTICE REQUIRED BY LAW**

THE RULES SET FORTH BELOW GOVERN THE TERMS OF YOUR LEASE OR OCCUPANCY AGREEMENT WITH THIS MANUFACTURED HOME COMMUNITY. THE LAW REQUIRES ALL OF THESE RULES TO BE FAIR AND REASONABLE.

AS A LESSEE, YOU MAY CONTINUE TO STAY IN THIS COMMUNITY AS LONG AS YOU PAY YOUR RENT AND OTHER REASONABLE FEES, SERVICE CHARGES AND ASSESSMENTS HEREINAFTER SET FORTH AND ABIDE BY THE RULES OF THE COMMUNITY. ENTRANCE AND EXIT FEES MAY NOT BE CHARGED. INSTALLATION AND REMOVAL FEES MAY NOT BE CHARGED IN EXCESS OF THE ACTUAL COST TO THE MANUFACTURED HOME COMMUNITY OWNER OR OPERATOR FOR PROVIDING SUCH SERVICE FOR THE INSTALLATION OR REMOVAL OF A MANUFACTURED HOME IN A MANUFACTURED HOME SPACE.

AS A LESSEE, YOU MAY BE EVICTED FOR ANY OF THE FOLLOWING REASONS:

- (1) NONPAYMENT OF RENT.
- (2) A SECOND OR SUBSEQUENT VIOLATION OF THE RULES OF THE MANUFACTURED HOME COMMUNITY OCCURRING WITHIN A SIX-MONTH PERIOD.
- (3) IF THERE IS A CHANGE IN USE OF THE COMMUNITY LAND OR PARTS THEREOF.
- (4) TERMINATION OF MANUFACTURED HOME COMMUNITY.

AS A LESSEE, YOU SHALL ONLY BE EVICTED IN ACCORDANCE WITH THE FOLLOWING PROCEDURE:

- (1) A LESSEE SHALL NOT BE EVICTED BY ANY SELF-HELP MEASURE.
- (2) PRIOR TO THE COMMENCEMENT OF ANY EVICTION PROCEEDING, THE MANUFACTURED HOME COMMUNITY OWNER SHALL NOTIFY THE LESSEE IN WRITING OF THE PARTICULAR BREACH OR VIOLATION OF THE LEASE OR COMMUNITY RULES BY CERTIFIED OR REGISTERED MAIL.
  - (i) IN THE CASE OF NONPAYMENT OF RENT, THE NOTICE SHALL STATE THAT AN EVICTION PROCEEDING MAY BE COMMENCED IF THE MANUFACTURED HOME LESSEE DOES NOT PAY THE OVERDUE RENT WITHIN 20 DAYS FROM THE DATE OF SERVICE IF THE NOTICE IS GIVEN ON OR AFTER APRIL 1 AND BEFORE SEPTEMBER 1, AND 30 DAYS IF GIVEN ON OR AFTER SEPTEMBER 1 AND BEFORE APRIL 1 OR AN ADDITIONAL NONPAYMENT OF RENT OCCURRING WITHIN SIX MONTHS OF THE GIVING OF THE NOTICE MAY RESULT IN IMMEDIATE EVICTION PROCEEDINGS.
  - (ii) IN THE CASE OF A BREACH OF THE LEASE OR VIOLATION OF THE COMMUNITY RULES, OTHER THAN NONPAYMENT OF RENT, THE NOTICE SHALL DESCRIBE THE PARTICULAR BREACH OR VIOLATION. NO EVICTION ACTION SHALL BE COMMENCED UNLESS THE LESSEE HAS BEEN NOTIFIED AS REQUIRED BY THIS SECTION, AND UPON A SECOND OR SUBSEQUENT VIOLATION OR BREACH OCCURRING WITHIN SIX MONTHS, THE MANUFACTURED HOME COMMUNITY OWNER MAY COMMENCE EVICTION PROCEEDINGS AT ANY TIME WITHIN 60 DAYS OF THE LAST VIOLATION OR BREACH.

AS A LESSEE, YOU SHALL NOT BE EVICTED WHEN THERE IS PROOF THAT THE RULES YOU AS THE LESSEE ARE ACCUSED OF VIOLATING ARE NOT ENFORCED WITH RESPECT TO THE OTHER MANUFACTURED HOME RESIDENTS OR NONRESIDENTS ON THE COMMUNITY PREMISES.

IN ADDITION, NO EVICTION PROCEEDING FOR NONPAYMENT OF RENT MAY BE COMMENCED AGAINST YOU AS THE LESSEE UNTIL YOU HAVE RECEIVED NOTICE BY CERTIFIED OR REGISTERED MAIL OF THE NONPAYMENT AND HAVE BEEN GIVEN TO PAY THE OVERDUE RENT 20 DAYS FROM THE DATE OF SERVICE IF THE NOTICE IS GIVEN ON OR AFTER APRIL 1 AND BEFORE SEPTEMBER 1, AND 30 DAYS IF GIVEN ON OR AFTER SEPTEMBER 1 AND BEFORE APRIL 1. HOWEVER, ONLY ONE NOTICE OF OVERDUE RENT IS REQUIRED TO BE SENT TO YOU AS THE LESSEE DURING ANY SIX-MONTH PERIOD. IF A SECOND OR ADDITIONAL VIOLATION OCCURS WITHIN SIX MONTHS FROM THE DATE OF THE FIRST NOTICE THEN EVICTION PROCEEDINGS MAY BE IMMEDIATELY STARTED AGAINST YOU.

YOU ARE ENTITLED TO PURCHASE GOODS OR SERVICES FROM A SELLER OF YOUR CHOICE AND THE COMMUNITY OWNER SHALL NOT RESTRICT YOUR RIGHT TO DO SO.

IF YOU DESIRE TO SELL YOUR MANUFACTURED HOME, THE MANUFACTURED HOME COMMUNITY OWNER MAY NOT PREVENT THE SALE AND MAY NOT CLAIM ANY FEE IN CONNECTION THEREWITH, UNLESS THERE EXISTS A SEPARATE WRITTEN FEE AGREEMENT. HOWEVER, THE MANUFACTURED HOME COMMUNITY OWNER MAY RESERVE THE RIGHT TO APPROVE THE PURCHASER AS A RESIDENT IN THE MANUFACTURED HOME COMMUNITY.

ENFORCEMENT OF THE MANUFACTURED HOME COMMUNITY RIGHTS ACT IS BY THE ATTORNEY GENERAL OF THE COMMONWEALTH OF PENNSYLVANIA OR THE DISTRICT ATTORNEY OF THE COUNTY IN WHICH THE MANUFACTURED HOME COMMUNITY IS LOCATED. AS A LESSEE, YOU MAY ALSO BRING A PRIVATE CAUSE OF ACTION. IF YOUR RIGHTS ARE VIOLATED YOU MAY CONTACT THE STATE BUREAU OF CONSUMER PROTECTION OR YOUR LOCAL DISTRICT ATTORNEY.

**I HEREBY ACKNOWLEDGE RECEIPT OF THIS IMPORTANT NOTICE.**

_____ Signature	_____ Print Name	_____ Date	_____ Time
_____ Signature	_____ Print Name	_____ Date	_____ Time
_____ Signature	_____ Print Name	_____ Date	_____ Time
_____ Signature	_____ Print Name	_____ Date	_____ Time



# **Twin Maples Community**

A Weber Properties community

## **SELLER DISCLOSURE**

Be advised that this manufactured home offered for sale is subject to the Manufactured Home Communities Rights Act and a written lease required under that law. You are advised that the community in which this home is now placed requires an approved application for lessees and occupants and a fully executed lease prior to your right to reside in the community.

You shall have a minimum of **5 CALENDAR DAYS** after receiving this disclosure required under the Manufactured Home Communities Rights Act to void the transaction with the operator, if any, and, if terminated, you shall be returned any deposits and rents paid to the operator of the community.

**I hereby acknowledge receipt of this Seller Disclosure Cover Sheet and the attached Community Policies and Fees Disclosure document.**

_____ Signature	_____ Print Name	_____ Date	_____ Time
_____ Signature	_____ Print Name	_____ Date	_____ Time
_____ Signature	_____ Print Name	_____ Date	_____ Time
_____ Signature	_____ Print Name	_____ Date	_____ Time

# **Twin Maples Community**

A Weber Properties Community

## **CONSUMER FINANCIAL INFORMATION PRIVACY and FAIR CREDIT REPORTING ACT NOTICE**

### **What this Privacy Policy Covers**

This Privacy Policy covers treatment of nonpublic personally identifiable information that we collect when you, the “customer” or “consumer,” applies to rent a home space from us. This policy also covers our treatment of any nonpublic personally identifiable information that our business partners share with us.

This policy does not apply to the practices of non-affiliates of the community.

### **Protection and Confidentiality of Nonpublic Personal Information**

We are providing this notice as required by the Federal Financial Privacy Law and the Fair Credit Reporting Act.

We limit access to nonpublic customer information about you to our employees who need to know that information for us to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

Nonpublic personal information means personal financial information about you that we collect in connection with providing you with a financial product or service that is not made publicly available.

### **Categories of Nonpublic Personal Information We May Collect**

When appropriate in conducting business, we may collect nonpublic information about customers from a variety of sources:

- Information the customer has provided on applications or other forms
- Information about the customer's transactions with us, our affiliates or others
- Information we may obtain from consumer credit reporting agencies
- Information from third parties such as employment verification and property insurance coverage

### **Information Sharing and Disclosure**

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

By signing below, I **acknowledge receiving a copy of this Privacy Policy and Fair Credit Reporting Notice**

\_\_\_\_\_  
Signature

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Print Name

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