

Dear Applicant,

Thank you for your interest in residing in one of our communities. We are excited to meet you and hope to be able to welcome you to your new home soon.

You will have been given 2 sets of documents. One set of documents is informational. Please review these documents carefully as you consider your move to our community. These documents set out what you can expect from us, but also what we expect from you. If you downloaded this application from our website, this set of documents is shown as "Important Documents" on the same page as the application. Please download and review this important information carefully. The second set of documents is the community application. Each document needs to be completed, signed and returned to the office along with a copy of your identification. Please remember to include cash, check or money order made payable to Weber Properties for the application fee. The application fee is stated in bold on the last page of each application to be submitted. This fee is for the criminal and/or credit check we order for all community residents and/or lessees.

We do our best to render a decision to our applicants in as timely a manner as possible. If we have any questions or concerns, we may reach out to you with questions or to request additional documentation.

If you have any questions, concerns, or needs, please do not hesitate to contact us. We welcome the opportunity to assist you.

Twin Maples Community Management



925 Noble Street
Lebanon, PA 17042
office@spicommunities.com

FOR OFFICE USE ONLY: APP RECEIVED: _____ APP 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: _____

****EVERYONE LIVING IN THE HOME (AGE 18 AND OLDER) AND EVERYONE TO BE ON THE HOME TITLE
MUST COMPLETE AN APPLICATION AND MUST BE ON THE 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: _____ MONTHLY RENT \$: _____

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 TAKE HOME 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 WHO WILL BE RESIDING IN THE HOME

(NOTICE: ALL residents over the age of 18 MUST be on the lease. Please request a secondary lessee application for persons who will be on the home title and/or a resident lessee application for those who will not be on the title.)

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

- **REQUIRED: ATTACH A COPY OF YOUR DRIVER'S LICENSE OR OTHER IDENTIFICATION**
- **REQUIRED: \$46.00 CASH, CHECK OR MONEY ORDER MADE PAYABLE TO WEBER PROPERTIES**

FOR OFFICE USE ONLY: APP RECEIVED: _____ APP 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: _____ MONTHLY RENT \$: _____

CURRENT LANDLORD CONTACT #/EMAIL: _____

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

PRIOR LANDLORD: _____

PRIOR LANDLORD CONTACT #/EMAIL: _____

TWIN MAPLES 02 APPLICATION – SECONDARY LESSEE – 6-1-2025 4 Pages

INCOME

***CURRENT TOTAL MONTHLY TAKE HOME 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.

CO-APPLICANT SIGNATURE AND AFFIRMATION

DATE: _____ TIME _____ AM/PM

- **REQUIRED: ATTACH A COPY OF YOUR DRIVER'S LICENSE OR OTHER IDENTIFICATION**
- **REQUIRED: \$46.00 CASH, CHECK OR MONEY ORDER MADE PAYABLE TO WEBER PROPERTIES**

RESIDENT APPLICATION

LIVING IN HOME, AGE 18 OR OLDER, NOT ON TITLE

COMMUNITY: TWIN MAPLES HOME SPACE: _____

FULL NAME: _____ DOB: _____

RELATIONSHIP TO PRIMARY APPLICANT/LESEE: _____ PHONE: _____

SSN: _____ LENGTH OF TIME YOU WILL BE RESIDING HERE: _____

CURRENT ADDRESS: _____

CURRENT LANDLORD NAME / #: _____ / _____

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

EMPLOYER: _____ 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.

*****The resident applying herein does/will not own the manufactured home situated on the above home space. If the title holding lessee(s) no longer reside(s) at the property, and the resident wishes to continue living in the home, the resident MUST have the manufactured home title transferred into their name.**

***** ALL persons residing in the home for longer than 6 months MUST be added to and sign the lease.**

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

- **REQUIRED: ATTACH A COPY OF YOUR DRIVER'S LICENSE OR OTHER IDENTIFICATION**
- **REQUIRED: ATTACH A LIST OF ANY MINOR CHILDREN (NAME/AGE/SEX) RESIDING WITH YOU**
- **REQUIRED: \$31.00 CASH, CHECK OR MONEY ORDER MADE PAYABLE TO WEBER PROPERTIES**

OFFICE USE: RCVD & APP FEE PD: _____ ACCEPTED/DENIED: _____ APPLICANT NOTIFIED: _____

TWIN MAPLES 02 APPLICATION – RESIDENT ONLY – 6-1-2025

Twin Maples Community

An SPI Communities Property

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 cover the responsibilities and rules for pet ownership within the Community. I acknowledge my obligation to keep the vaccinations listed below current and agree to provide community management with proof that I have been meeting that obligation upon the request of community management.

Signature: _____

Signature: _____

Community Approval: _____

Required Proofs (to be attached hereto):

Photo(s)

Proof of CURRENT Rabies Vaccination(s)

Proof of CURRENT FVRCP Vaccination(s)

Proof of Spay and/or Neuter

Twin Maples Community

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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 cover the responsibilities and rules for pet ownership within the Community. I acknowledge my obligation to keep the county license and all vaccinations listed below current and agree to provide community management with proof that I have been meeting these obligations upon the request of community management.

Signature: _____

Signature: _____

Community Approval: _____

Required Proofs (to be attached hereto):

Photo(s)

Proof of CURRENT Rabies Vaccination(s)

Proof of CURRENT DHPP (aka DAPP) Vaccination(s)

County License – which must be kept current

Twin Maples Community

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OIL TANK AND HEATING AFFIDAVIT

This affidavit is being given by the lessee(s) stated below to Weber Properties or Sycamore Park, Inc., lessor; in relation to property situate at _____.

Lessee hereby states full knowledge of the fact that oil tanks and oil or kerosene heating systems are not permitted in homes entering the community. Furthermore, lessee acknowledges that if a current oil or kerosene home heating system is in need of major repair or replacement the home heating system must be replaced by natural gas, electric or propane and the old oil tank must be immediately and safely removed from the home space.

Additionally, the lessee(s) hereby warrant(s) to the lessor that the existing oil tank will be maintained in such a manner that they are level, stable, on a firm footing, rust free, and painted to blend with the color of the home. Lines and tank must be free of leaks and defects and must be environmentally safe. (For example, filler and vent pipes must have filler and vent caps, gauge must not be damaged, tank must not be leaning against any wall or other structure, oil lines must be undamaged, above ground and free of debris, tank must be level and on a stable concrete surface or blocks, tank must be mounted on four legs, tank must be upright and not leaning to one side, tank must be sound, rust free and not in danger of leakage.)

Lessee acknowledges full responsibility, financial and otherwise, for any spills due to their negligence and/or non-performance of the above.

_____ Signature	_____ Print Name	_____ Date	_____ Time
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_____ Signature	_____ Print Name	_____ Date	_____ Time
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_____ Signature	_____ Print Name	_____ Date	_____ Time
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_____ Signature	_____ Print Name	_____ Date	_____ Time
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Twin Maples Community

An SPI Communities Property

COMMUNICATION AND EMAIL AUTHORIZATION

Lessee(s) recognize(s) that lessee(s) and lessor are entering into a business relationship. As such, to the extent that any Federal or State law prohibits lessor from contacting lessee(s) by mail, phone, email or texting, lessee(s) hereby provide(s), written consent to mailing, phoning, emailing, and texting to contact lessee(s) with business related communications.

Lessee(s) accept(s) that lessor's method of communication is email and a current email address for lessee is required.

Lessee(s) accept(s) that invoices, time sensitive correspondence, and/or critical community information will be sent to the lessee(s) via email.

Lessee(s) accept(s) that it is the lessee's obligation to ensure the timely review of any such correspondence sent by the lessor.

Lessee(s) is/are obligated to keep the lessor informed of any change to their email address.

Lessee(s) has/have provided the lessor with the following email address for lessor's correspondence:

****The lessor will never, and lessee(s) is/are advised never to, email any email or document containing non-public personal information (ex. banking account numbers, dates of birth, social security numbers). ****

If Lessee(s) opt(s) not to provide an email address to lessor, Lessee(s) accept(s) that Lessor, in cases when a community communication is made solely by email, has no obligation to communicate to lessee(s) by any means other than email and that lessee(s) may miss important community notifications.

_____ Signature	_____ Print Name	_____ Date	_____ Time
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_____ Signature	_____ Print Name	_____ Date	_____ Time
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_____ Signature	_____ Print Name	_____ Date	_____ Time
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_____ Signature	_____ Print Name	_____ Date	_____ Time
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Twin Maples Community

An SPI Communities Property

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 TWIN MAPLES COMMUNITY POLICIES AND GUIDELINES FOR COMMUNITY LIVING; A COPY OF THE TWIN MAPLES 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

An SPI Communities Property

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

An SPI Communities Property

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

An SPI Communities Property

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