

Please Print !

**Healthy Heights Village
Leaseholder Information**

Lot # _____

Leaseholder-Information-2016

Giles and Marrara, Inc., P.O. Box 430, Kingwood, WV 26537

Phone: (304) 291-0701

Mailing Address for Statements and Notices:

Phone Numbers:

Home _____
Work _____
Others _____

**Mobile Home
Title:**

Titled to (Owner) : _____

Manufacturer: _____ Size: _____ x _____ Year _____

VIN# _____ Title# _____

****Copy of Title** must be furnished immediately on request by Park or the County Assessor.

Title - Lien holder(s):

Financial Institution or
persons with mortgage,
loans, or liens against the
title** Report All Security
Interests - STATE LAW.

Name Lien holder _____
Address _____
Phone # _____ Acct# _____

**Emergency Contact
Not Living with you:
(Must have Phone)**

Name(s) _____
Address _____
Emergency Phone# _____

Leaseholder's Banking:

Primary Banking Institution : _____

Bank Phone# _____

Name(s) of Lessee (Tenants on Lease):

Social Security # :

Driver's License # (State):

_____	_____-_____-_____ _____	_____(____)
_____	_____-_____-_____ _____	_____(____)
_____	_____-_____-_____ _____	_____(____)

(Or Children's DOB)

Name(s) of ALL Other Occupants:

Social Security #:

Driver's License # (State):

_____	_____-_____-_____ _____	_____(____)
_____	_____-_____-_____ _____	_____(____)
_____	_____-_____-_____ _____	_____(____)
_____	_____-_____-_____ _____	_____(____)

(Fill out both sides)

All Vehicles:List all.

Unlisted vehicles that are continually parked overnight may be towed at owner expense without notice.

*More than 2- then please contact the Park management.

Owner(s) _____
Make _____ Model _____ Year _____
License Plate # _____ State _____
Valid Plates (Yes) (No) Valid Inspection Sticker (Yes) (No)

Owner(s) _____
Make _____ Model _____ Year _____
License Plate # _____ State _____
Valid Plates (Yes) (No) Valid Inspection Sticker (Yes) (No)

Owner(s) _____
Make _____ Model _____ Year _____
License Plate # _____ State _____
Valid Plates (Yes) (No) Valid Inspection Sticker (Yes) (No)

Employment:

Employer _____
Employer Address _____
Employer Phone# _____

Employer (Spouse or 2nd) _____
Employer Address _____
Employer Phone# _____

Answer the following questions:

- 1.) Is anyone in this household currently in the U.S. Arm Services? Yes ____ No ____
- 2.) We/I will be full-time residents of the mobile home on this Lot? Yes ____ No ____
- 3.) We/I are currently SUBLEASING our mobile home or desire to do so? Yes ____ No ____
- 4.) We/I are the sole owners of this mobile home and it is titled only to us? Yes ____ No ____
- 5.) We/I have one or more Pets that we wish to reside with us in the Park? Yes ____ No ____

IMPORTANT NOTES:

- If question #2 is "No" or question #3 is "Yes", you must complete Sublease Agreement and Forms.
- If question #4 is "No", you cannot be a Leaseholder and must be a Subtenant. Contact Management.
- If question #5 is "Yes", ALL PETS must be registered and approved by Park.

I (WE) HEREBY CERTIFY THAT ALL INFORMATION PROVIDED HERE IS ACCURATE AND THAT I (WE) WILL NOTIFY GILES & MARRARA, INC. OF ANY CHANGES WITHIN 10 DAYS AS PROVIDED BY WEST VIRGINIA LAW, CODE CHAPTER 37, ARTICLE 15; AND BY ALL PRESENT RENTAL AGREEMENTS.

X**Date:**

Signature of Leaseholder(s)

X**Date:**

Signature of Leaseholder(s)

(Fill out both sides)