

Will this be your primary residence? Yes No

If no, please state your complete address and telephone number of other home: _____

Applicant represents that the above information is true and correct and by signing below authorizes the City of San Diego or its authorized agents to verify the information above, including but not limited to obtaining a credit report from a reputable credit reporting agency and a criminal background check. Applicant understands and agrees that the Resident will receive a copy of the credit report, criminal background check, and any and all information learned in this application process.

Waiver of Rights—Acknowledgement

Resident is the owner of that certain mobilehome indicated above, located at 2727 De Anza Road, San Diego, California. Resident wishes to sublease their mobilehome to the Applicant. No other adults can reside in the mobilehome without also completing and signing this Application form. Resident must have Management’s written consent to sublease, which shall not be withheld unreasonably. If the sublease is approved by Management, the Applicant becomes a Sublessee.

Resident agrees to give Management a copy of the sublease between the Resident and Sublessee before allowing anyone to move into the mobilehome. The sublease shall comply with all applicable laws and shall be for a term not to exceed the Resident’s term.

Applicant acknowledges that, by order of the San Diego Superior Court in case number GIC 821191, **new subtenants coming onto the property after August 4, 2005, are not entitled to relocation assistance or any other statutory benefits whatsoever upon termination of their sublease.** Residents, however, are not waiving their rights, if any, to such relocation assistance and any other potential statutory or other benefits by signing this form.

Signature of Applicant (1): _____ Date: _____

Signature of Applicant (2): _____ Date: _____

Name of Resident (1): _____ (please print clearly)

Signature of Resident (1): _____ Date: _____

Name of Resident (2): _____ (please print clearly)

Signature of Resident (2): _____ Date: _____

Signature of Management: _____ Date: _____