

Thank you for considering our community as your future home!
Upon completing and signing your community application, the following documentation MUST be included for the processing of your request for residency.

- A signed application with **ALL** questions and blanks completed. Application can either be returned in person at the property or emailed to info@ingrammanormhc.com
- A \$55.00 money order or cashier's check **PER PERSON** for your application fee. You have the option to pay with a credit card before we process your application.
- A \$35.00 money order or cashier's check per person for the background check fee.

Proof of Identification: Two forms of ID (one must be a government issued picture ID, and the other is preferably a document with the applicant's social security number :

Proof of Income: If retired, pension letters/deposits and/or SSI letters with the stated monthly income are needed. For standard W-2 employees, 2 pay stubs within the last 45 days are needed, and self-employed employees should submit the last 2 years of taxes and the last 3 months of bank and personal taxes. For Child Support or Alimony income, the divorce decree and last 3 months of payments are needed. For Rental Income, either taxes showing the rental income are needed, or an executed lease agreement with the last 6 months of payments is needed

Landlord or Mortgage Reference needed. If an applicant is moving from an apartment complex, an objective, third-party rent reference letter is needed. If the landlord is an individual (rather than an apartment complex), the customer may be required to bring proof of the last 3+ months of payments (to ensure timely payments and no landlord bias in the reference). If an applicant is coming from a home with a mortgage loan, the underwriters will typically rely just on the credit bureau information regarding the account. If no mortgage shows on the bureau, the applicant may be required to bring in a letter of reference from the mortgage company

** Select Communities will require a move-in fee. Please ask your Sales Specialist for more details.*



find us online at zemanhomes.com



INGRAM MANOR
A PREMIER 55+ LIFESTYLE COMMUNITY

Community Application

☐ Cash Sale ☐ Lease ☐ Resident to Resident Purchase Address Applying For: _____

APPLICANT ☐ Individual Application
 ☐ Joint Application

Marital Status ☐ Married
 ☐ Separated
 ☐ Unmarried

CO-APPLICANT Relationship to Applicant

Marital Status ☐ Married
 ☐ Separated
 ☐ Unmarried

First Name	M.I.	Last Name
Social Security #		
Driver's License #		
Date of Birth		
Phone Number		
Email Address		
# of Dependents		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relatives		
<input type="checkbox"/> Apt <input type="checkbox"/> Real Estate <input type="checkbox"/> Manufactured Home		
Current Housing Pmt \$		
Disposition of Current Real Estate Owned		
Current Address, City, State & Zip Code		
How Long There?		
Landlord/Mortgage Holder		
Previous Address if less than 2 years at above		
How Long There?		
Landlord/Mortgage Holder		

First Name	M.I.	Last Name
Social Security #		
Driver's License #		
Date of Birth		
Phone Number		
Email Address		
# of Dependents		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relatives		
<input type="checkbox"/> Apt <input type="checkbox"/> Real Estate <input type="checkbox"/> Manufactured Home		
Current Housing Pmt \$		
Disposition of Current Real Estate Owned		
Current Address, City, State & Zip Code		
How Long There?		
Landlord/Mortgage Holder		
Previous Address if less than 2 years at above		
How Long There?		
Landlord/Mortgage Holder		

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3801 County Line Road | Portage, IN 46368



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Community Application

Applicant Name

Address Applying For

EMPLOYMENT	Job Title
Employer Name	
Employer Address	
How Long There?	Phone Number

EMPLOYMENT	Job Title
Employer Name	
Employer Address	
How Long There?	Phone Number

MONTHLY INCOME	GROSS Before Taxes
Employment	
Social Security	
Other	
Total	

MONTHLY INCOME	GROSS Before Taxes
Employment	
Social Security	
Other	
Total	

CREDIT

Have you been declared bankrupt within the past 7 years?

Applicant		Co-Applicant	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are there any outstanding judgments against you?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you a party to a lawsuit?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you a co-maker or endorser on a note?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Which account? _____

Do you have any lease obligations?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If so, how much? _____ How long? _____

Do you make any support or maintenance payments?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If so, how much? _____ How long? _____

Are you presently delinquent or in default on any Federal debt or any other loan, mortgage financial obligation, bond, or loan guarantee?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you a U.S. citizen?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you a permanent resident alien?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you intend to occupy the property as your primary residence?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Resident-to-Resident Purchase: Will you be financing the purchase of this home?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, through which lending institution and what will your payments be?

Name of Lending Institution

Mortgage Payment

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Community Application

Applicant Name

Address Applying For

Were you referred to us by anyone? If yes, by whom?

☐ Yes ☐ No

Referrer's Name

Referrer's Address

Have you ever been convicted of a crime?

If YES, please indicate which type:

If YES, please explain:

Applicant

☐ Yes

☐ No

☐ Felony

☐ Misdemeanor

Co-Applicant

☐ Yes

☐ No

☐ Felony

☐ Misdemeanor

IMPORTANT-READ BEFORE SIGNING

You warrant that the information you are furnishing above is true, accurate, supplied voluntarily, and not misleading. You authorize us, at our option: to check your credit and employment histories, criminal background, and credit references; and to keep this application whether or not it is approved. If you ask, you will be told whether a credit report was requested, and if so, the name and address of any credit bureau from which we or our affiliates obtained your credit report. We may also verify your employment, pay, assets and debts.

Applicant Signature

Date

Applicant Signature

Date

Applicant Name

Address Applying For

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Application Addendum

Site Lease Occupant Information: Pursuant to the terms of the Site Lease, each person living in the Home must be identified and approved by the Community Manager. Identified below are all requested Lease Occupants.

Name	Birth Date	Relationship to Applicant	Grade/Employer	Cell Ph # (if applicable)

Pets: List any and all pets that will be residing in the home (maximum of 2, where applicable).

Type of Pet	Height	Weight	Shots up to date?
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Vehicles: List all vehicles you plan on having in the community.

Model Year	Make of Vehicle	Model	Plate # / State / Exp Date	Lessee(s) Driver's License #

Closest Living Relative: Please provide the information for your closest living relative that does not live with you.

Applicant:

Name	
Phone Number	
Street Address	
City/State/Zip	
Relationship	

Co-Applicant:

Name	
Phone Number	
Street Address	
City/State/Zip	
Relationship	

Personal Reference: Please provide the information for your personal reference that does not live with you.

Applicant:

Name	
Phone Number	
Street Address	
City/State/Zip	
Relationship	

Co-Applicant:

Name	
Phone Number	
Street Address	
City/State/Zip	
Relationship	

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