

WELCOME TO ALPINE PARK COMMUNITY

We would like to “thank you” for choosing Alpine Park as your new home community. We have adopted certain policies which are designed to protect your home investment and enhance everyone’s enjoyment of living in this Community. You will find that these policies generally deal with issues involving common courtesy and will undoubtedly be second nature to you.

Our goal at Alpine Park is to insure your happiness and provide a community where you can live and entertain guests and friends with pride and dignity. We also, through the cooperation of all our residents, have created an atmosphere of privacy, safety, comfort, pleasant and peaceful living.

The Management at Alpine Park will provide you with assistance whenever possible and will be happy to answer any questions you may have regarding this Community. We have an “open door” policy and your questions and comments are always most welcome. We are sincerely pleased that you are here and wish you a long and pleasant stay at Alpine Park Community.

FACILITIES & HOURS

| | |
|------------------------|--|
| COMMUNITY OFFICE | 585-0592 |
| ADDRESS: | PO BOX 1656 DUBUQUE IA 52004-1656 |
| OFFICE HOURS: | Monday - Friday 7:00 a.m. to 5:00 p.m. |
| EMERGENCY AFTER HOURS: | 584-9253 590-7223 583-9698 |
| STORM SHELTER: | Available for rental with prior reservation. Contact the Office for additional information. |
| GARBAGE COLLECTION: | City of Dubuque - Curb site collection & recycling |
| EMERGENCY NUMBERS: | Fire, Police, Ambulance 911 |

MANAGEMENT PERSONNEL

| | |
|---------------------|----------------------------------|
| GENERAL MANAGERS: | Ed and Rod Tschiggfrie |
| OFFICE MANAGER: | Deb Edwards 585-0592 or 599-3865 |
| COMMUNITY MANAGER: | |
| ASSISTANT MANAGERS: | |

**ALPINE PARK COMMUNITY
CONDITIONS OF
APPLICATION FOR RESIDENCY**

“I/We have read and understand this form.”

Applicant #1 Name (Print): _____ DOB _____

Applicant #1 Signature: _____ Date _____

Applicant #2 Name (Print): _____ DOB _____

Applicant #2 Signature: _____ Date _____

Relationship to Applicant #1: _____

Occupants 18 years of age or older:

Name (Print): _____ DOB _____

Signature: _____ Date _____

Relationship to Applicant #1 _____

Name (Print): _____ DOB _____

Signature: _____ Date _____

Relationship to Applicant #1 _____

Name (Print): _____ DOB _____

Signature: _____ Date _____

Relationship to Applicant #1 _____

Name (Print): _____ DOB _____

Signature: _____ Date _____

Relationship to Applicant #1 _____

Applicant’s signature on this application authorizes Owner/Management to check applicant’s references including:

- *Credit report
- *Income verification
- *Employment and/or student verification
- *Previous landlords or program participation
- *County courthouse housing judgments
- *Police and/or Sheriff report
- *Criminal background check
- *Law enforcement with jurisdiction over previous addresses
- *Other - as deemed pertinent from application

Federal Fair Housing Act Title VIII Section 804 [42U.S.C3604](f)(6)(9)], Iowa Code Chapter 216.20b, Iowa’s anti-discrimination law, and City of Dubuque Municipal Ordinance Chapter 69.19(b)6F **do not protect:**

“Tenancy of an individual that would constitute a direct threat to health or safety of other individuals or tenancy that would result in substantial physical damage to the property of others”.

Be advised that Management may **not**:

- *Rent to persons who lie on their applications
- *Continue tenancy with persons who Management later learns lied
- *Rent to applicants whose immediate family include persons with convictions for felonies and aggravated misdemeanors
- *Continue tenancy with persons who are currently convicted for felony and aggravated misdemeanor violations
- *Rent to, or continue tenancy, with persons who entertain guests with recent convictions for felonies and aggravated misdemeanors
- *Rent to persons with a history/habit of bad credit
- *Continue tenancy with persons who disregard provisions of the rental agreement
- *Continue tenancy with persons who cause property damage/disturbances
- *Continue tenancy with persons who do not keep lawn and yard mowed, neat and orderly, and repairs needed to be done in a very short time

Management considers convictions for felonies and aggravated misdemeanors, as per state codes (listed below), unacceptable behavior/activity/involvement for tenants of this property:

- *Assault/personal injury
- *Prostitution
- *Criminal mischief/vandalism/property damage
- *Arson or trespass
- *Drug use/drug selling/drug manufacturing
- *Child molestation/endangerment/neglect/abuse
- *Domestic violence
- *Breaking and entering
- *Theft/burglary/stolen property
- *Illegal use of firearms/guns
- *Stalking/kidnapping/rape/sexual abuse

This application is to be completed on yourself, current members of your family and/or household and any other person(s) to reside with you while your residency is within the Alpine Park Community. If a person(s) or family member(s) resides at your residency on a periodic regular basis, this person(s) must be added to your file and paperwork or if person(s), at a later date, resides with you are also to be added to your file and paperwork within 14 days from his/her move in date. This includes temporary/full custody of a child anytime during the year, including temporary weekend visits, etc. Any person(s) over the age of 18 years of age being added to your file and paperwork within 14 days from his/her move in date will also have a background check done on them – the same as yourself and everyone else who resides in the Alpine Park Community. You are also confirming that any child under the age of 18 year of age or any other underage person residing with you or living at your residency on a temporary basis is not using or convicted of a charge involving illegal use of any controlled substance, has not been convicted of a felony or aggravated misdemeanor or involved in a forcible entry.

ALPINE PARK COMMUNITY
APPLICATION FOR RESIDENCY

Date: _____

Each adult applicant must provide photo "ID" and fully complete an application **AFTER** reading and agreeing to follow our guidelines. Applicant **must** list all occupants 18 years of age or older living in household and **must** sign authorization for a criminal background check. We check references of **ALL** applicants. We do **NOT** allow anyone to move in immediately. We must have **ONE** personal reference, who is **NOT** a relative, who has known you for at least 3 years. We make our decision based on **ALL** aspects of the application.

Application for residency at what address _____ Possession Date _____

Name of Applicant/Owner #1:

_____ DOB _____
Last Name First Middle

Present Address: _____
Street City State Zip Code

Social Security # _____ - _____ - _____ Driver's License # _____ Photo ID _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ 18 years of age or older? _____

List all addresses for the last 3 years, including Landlords, addresses and phone numbers. (If additional space is needed, please use the back of this page):

Present Landlord: _____ Phone (____) _____ - _____

How long at present address _____ Rent \$ _____

Previous Landlord: _____ Phone (____) _____ - _____

How long at present address _____ Rent \$ _____

List all jobs for the last 3 years, including Employers, addresses and phone numbers. (If additional space is needed, please use the back of this page):

Present Employer _____ Phone (____) _____ - _____ How Long _____

Address _____ Position _____

Supervisor _____ Phone (____) _____ - _____

Previous Employer _____ Phone (____) _____ - _____ How Long _____

Address _____ Position _____

Supervisor _____ Phone (____) _____ - _____

Income Source #1 _____ Approx. monthly amount \$ _____

Income Source #2 _____ Approx. monthly amount \$ _____

Are you able to meet all conditions of residency, as stated in the Guidelines, that apply to all Residents?

Yes ___ No ___ If not, who will help you? Name _____ Phone (____) _____ - _____

Program _____ Phone (____) _____ - _____

Non-Relative Reference _____ Phone (____) _____ - _____

Address: _____
Street City State Zip Code

Do you know anyone else living in this Community? Yes ___ No ___

Name of Applicant/Owner#2:

DOB _____
Last Name First Middle

Relationship to Applicant #1: _____

Present Address: _____

Street City State Zip Code

Social Security # _____ - _____ - _____ Driver's License # _____ Photo ID _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ 18 years of age or older? _____

List all addresses for the last 3 years, including Landlords, addresses and phone numbers. (If additional space is needed, please use the back of this page):

Present Landlord: _____ Phone (____) _____ - _____

How long at present address _____ Rent \$ _____

Previous Landlord: _____ Phone (____) _____ - _____

How long at present address _____ Rent \$ _____

List all jobs for the last 3 years, including Employers, addresses and phone numbers. (If additional space is needed, please use the back of this page).

Present Employer _____ Phone (____) _____ - _____ How Long _____

Address _____ Position _____

Supervisor _____ Phone (____) _____ - _____

Previous Employer _____ Phone (____) _____ - _____ How Long _____

Address _____ Position _____

Supervisor _____ Phone (____) _____ - _____

Income Source #1 _____ Approx. monthly amount \$ _____

Income Source #2 _____ Approx. monthly amount \$ _____

Are you able to meet all conditions of residency, as stated in the Guidelines, that apply to all Residents?

Yes ___ No ___ If not, who will help you? Name _____ Phone (____) _____ - _____

Program _____ Phone (____) _____ - _____

Non-Relative Reference _____ Phone (____) _____ - _____

Address: _____

Street City State Zip Code

Do you know anyone else living in this Community? Yes ___ No ___

Other persons to reside with you:

Name _____ DOB _____ SS# _____

Last Name First Middle

Name _____ DOB _____ SS# _____

Last Name First Middle

Name _____ DOB _____ SS# _____

Last Name First Middle

Name _____ DOB _____ SS# _____

Last Name First Middle

I/We will be borrowing the money to purchase the home from _____

Address _____ Lienholder _____
Street City State Zip Code

The contact person is _____ Phone (____)____-____

We provide a 2-car on-site parking space per homesite. If you have more than 2 vehicles you will be responsible for the cost of concrete for additional parking. Guests' vehicles must be pre-registered at the Office.

Number of Vehicles and Recreational Vehicles _____ Number of Licensed Drivers _____

Names _____, _____, _____

List **all** Vehicles **and** Recreational Vehicles (If additional space is needed, please use the back of this page):

Year _____ Make _____ Model _____ License _____ Color _____

Year _____ Make _____ Model _____ License _____ Color _____

Year _____ Make _____ Model _____ License _____ Color _____

Year _____ Make _____ Model _____ License _____ Color _____

Do you have or expect to have pets? Yes _____ No _____

____ Cat Pedigree _____ Name _____

____ Cat Pedigree _____ Name _____

____ Dog Height at Shoulders _____ Pedigree _____ Name _____

____ Dog Height at Shoulders _____ Pedigree _____ Name _____

____ Other _____

Mobile Home Information: Sold by _____ Single-wide ___ Double-wide ___
Make _____ Year _____
Width _____ Length without Hitch _____ VIN _____
Roof Material _____ Siding _____ New _____ Used _____

If used, must submit 2 pictures from each side of mobile home and existing address of home.

Applicant #1 Signature _____ Date _____

Applicant #2 Signature _____ Date _____

Please answer the following questions as they apply to yourself, current members of your family and/or household and any other persons to reside with you while your residency is within the Alpine Park Community. (Use another sheet, if necessary).

1. Have you, or any member of your household (including any minors), ever been convicted of a charge involving illegal use, abuse, manufacture or distribution of a controlled substance?
Yes _____ No _____ Family member? _____ Yes _____ No _____
If yes, please indicate: Date _____ Violations _____
Resolutions _____
Other facts _____
2. Are you, or any member of your household (including any minors), a current user of a controlled substance?
Yes _____ No _____ Family member? _____ Yes _____ No _____
If yes, please explain: _____
3. Have you, or any member of your household (including any minors), ever been convicted of a felony or aggravated misdemeanor? See list on page 1.
Yes _____ No _____ Family member? _____ Yes _____ No _____
If yes, please indicate: Date _____ Court _____
Violations _____
Resolutions _____
Other facts _____
4. Have you, or any member of your household (including any minors), ever been a defendant in a forcible entry and detainer (eviction) action?
Yes _____ No _____ Family member? _____ Yes _____ No _____
If yes, please indicate: Date _____ Court _____
Violations _____
Resolutions _____
Other facts _____
5. Have you, or any member of your household (including any minors), ever been sued for nonpayment of the rent, housing damages, or noncompliance with your rental agreement?
Yes _____ No _____ Family member? _____ Yes _____ No _____
If yes, please indicate: Date _____ Court _____
Violations _____
Resolutions _____
Other facts _____
6. Are there adverse credit conditions/situations in the past 10 years that will show up on either of your credit reports?
Yes _____ No _____ Family member? _____ Yes _____ No _____
If yes, please indicate: Date _____ Court _____
Violations _____
Resolutions _____
Other facts _____
Judgements _____
Liens _____
Bankruptcy _____

I/We hereby agree to furnish Owner/Management a copy of the title of the manufactured home within 30 days of possession of said home. The (Owner) Titleholder must live in and maintain said home.

Rent for Sites Single - \$237.00/month Double - \$257.00/month Corner/Special - \$277.00/month
The above rates are for 5 occupants or less - monthly rent increases by \$10.00 for each occupant over 5.

All Checks and Money Orders are to be made payable to Alpine Park Community.

Rent starts when home is moved in or when lot is held for Tenant.

I/We agree that, subject to the Rental Agreement, Management shall have the right to increase the rent upon 60 days written notice to the Resident.

I/We understand I/we are to give ample time for total processing of this application and that we are to contact this Office within 10 working days regarding status of this application. I/We understand that I/we must sign an Alpine Park Community Rental Agreement before taking possession of said home.

Finally, I/we agree that if there is a change in any of the information contained in this application, I/we will notify the Landowner or Manager within 10 days of said change. The provisions of the agreement will continue even after the execution of a rental agreement.

No person other than those specifically named on this application will be permitted to occupy the homesite without the written permission of the Owner/Management. Acceptance of this application by the Owner/Management is the Applicant's notice of interest in renting the homesite, and gives the Owner/Management permission to check Applicant's references, obtain a credit report, a police and/or sheriff report and check criminal background. It shall not constitute a completed agreement to rent the homesite. All responsible parties must also sign a written RENTAL AGREEMENT.

- I certify information on this application is correct and complete to the best of my knowledge.
- I understand the information on this application will be checked for accuracy.
- I authorize Owner/Management of Alpine Park Community to verify information I have given.
- I authorize above Owner/Management to request and receive a credit report, a police and/or sheriff report and a criminal report in my name.
- I understand no criminal activity or disturbances of any kind are allowed on the premises.

Applicant #1 _____

Applicant #2 _____

Occupants 18 years of age or older:

| | | | | |
|------------|-----------|-------|--------|------------------------|
| Name _____ | _____ | _____ | _____ | _____ |
| | Last Name | First | Middle | Social Security Number |
| Name _____ | _____ | _____ | _____ | _____ |
| | Last Name | First | Middle | Social Security Number |
| Name _____ | _____ | _____ | _____ | _____ |
| | Last Name | First | Middle | Social Security Number |
| Name _____ | _____ | _____ | _____ | _____ |
| | Last Name | First | Middle | Social Security Number |

For Office Use Only _____

Approved by _____ Disapproved by _____
Date _____ Date _____

Lot No. & Address Assigned: _____

**GEORGIA STATEWIDE (CHAMBLEE POILCE DEPARTMENT)
CRIMINAL HISTORY CONSENT FORM**

I hereby authorize ADP Screening and Selection Services to receive any criminal history record information pertaining to me which may be in the files of any state or any local criminal justice agency in the State of Georgia.

(Applicant #1):

| | | |
|---------------------|------------------------|------|
| Full Name (Printed) | Social Security Number | |
| Street Address | City, State & Zip Code | |
| Date of Birth | Sex | Race |
| Signature | Date of Request | |

(Applicant #2):

| | | |
|---------------------|------------------------|------|
| Full Name (Printed) | Social Security Number | |
| Street Address | City, State & Zip Code | |
| Date of Birth | Sex | Race |
| Signature | Date of Request | |

(Occupant 18 years of age and older):

| | | |
|---------------------|------------------------|------|
| Full Name (Printed) | Social Security Number | |
| Street Address | City, State & Zip Code | |
| Date of Birth | Sex | Race |
| Signature | Date of Request | |

EMPLOYMENT HISTORY REQUEST

APPLICANT #1

FAX COVER SHEET

TO: _____ DATE: _____

ATTENTION: _____ FROM: _____

FAX NUMBER: _____ ALPINE PARK COMMUNITY
PO BOX 1656
DUBUQUE IA 52004-1656
(563) 585-0592 FAX: (563) 557-7585

Number of pages including cover sheet _____

Remarks: *Urgent* *For Your Review* *Per Your Request* *Please Comment*

The following applicant has recently applied for rental property with Alpine Park Community and would like your assistance in verifying his/her employment history provided on the application. Please provide the necessary information requested in order to expedite the process of this application.

Applicant _____ Start Date _____
Job Title _____ Full Time _____ Part Time _____

Employer Name _____
Employer Address _____
Street City State Zip Code

Verified By _____ Title _____

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law.

I _____ authorize the Owner of Alpine Park Community, or its agents, to verify the information provided above.

Applicant's Signature _____ Date _____ Time _____

EMPLOYMENT HISTORY REQUEST

APPLICANT #2

FAX COVER SHEET

TO: _____ DATE: _____

ATTENTION: _____ FROM: _____

FAX NUMBER: _____ ALPINE PARK COMMUNITY
PO BOX 1656
DUBUQUE IA 52004-1656
(563) 585-0592 FAX: (563) 557-7585

Number of pages including cover sheet _____

Remarks: *Urgent For Your Review Per Your Request Please Comment*

The following applicant has recently applied for rental property with Alpine Park Community and would like your assistance in verifying his/her employment history provided on the application. Please provide the necessary information requested in order to expedite the process of this application.

Applicant _____ Start Date _____
Job Title _____ Full Time _____ Part Time _____

Employer Name _____
Employer Address _____
Street City State Zip Code

Verified By _____ Title _____

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law.

I _____ authorize the Owner of Alpine Park Community, or its agents, to verify the information provided above.

Applicant's Signature _____ Date _____ Time _____

RENTAL HISTORY REQUEST

FAX COVER SHEET

TO: _____ DATE: _____

ATTENTION: _____ FROM: _____

FAX NUMBER: _____ ALPINE PARK COMMUNITY
PO BOX 1656
DUBUQUE IA 52004-1656
(563) 585-0592 FAX: (563) 557-7585

Number of pages including cover sheet _____

Remarks: *Urgent For Your Review Per Your Request Please Comment*

The following applicant has recently applied for rental property with Alpine Park Community and would like your assistance in verifying his/her rental history provided on the application. Please provide the necessary information requested in order to expedite the process of this application.

Applicant _____

Address _____

_____ Street _____ City _____ State _____ Zip Code _____
Lease Date _____ to _____ Rental Rate \$ _____

Did the resident give proper notice? Yes _____ No _____

Did the resident fulfill the lease agreement? Yes _____ No _____

Number of non-sufficient checks (NSF's)? _____ Number of late charges? _____

Did the resident have a pet(s)? Yes _____ No _____ If yes, what type of pet(s)? _____

Did the resident have a roommate(s)? Yes _____ No _____

Would you lease to the resident(s) again? Yes _____ No _____

Verified by _____ Title _____

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law.

I _____ authorize the Owner of Alpine Park Community, or its agents, to verify the information provided above.

Applicant's Signature _____ Date _____ Time _____

ALPINE PARK COMMUNITY
RENTAL AGREEMENT APPLICATION
DISCLOSURE STATEMENT

The undersigned applicant hereby acknowledges receipt of the following:

Owner/Manager Information:

*The Owner of Alpine Park Community is T-Corp.

Persons authorized to act for and on behalf of the Owner for the purpose of service of process are employees of Alpine Park Community and/or T-Corp.

Application:

*The undersigned hereby applies for rental of a homesite in Alpine Park Community, Dubuque, Iowa, Dubuque County.

*The undersigned has completed a standard application as supplied by the Management of Alpine Park Community.

*The undersigned acknowledges receipt of a copy of the Rules, Regulations and Guidelines of Alpine Park Community.

Agreement:

The undersigned hereby agrees to furnish Management of Alpine Park Community a copy of the title of the manufactured home within 30 days of possession of said manufactured home. The (Owner) Titleholder must live in and maintain said manufactured home and yard.

Dated this _____ day of _____, _____.

Applicant #1

Applicant #2

Alpine Park Community and/or T-Corp Employee

ALPINE PARK COMMUNITY

DECK PERMIT

**The Undersigned Agrees to Comply with the Following Guidelines.
ALL DECKS MUST MEET ALL LOCAL AND STATE CODES.**

1. A drawing or picture and a material list of the proposed deck must accompany this request, but does not relieve the Resident from complying with this Agreement.
2. Deck to be larger than 4' x 5'.
3. Deck must be less than 30 inches in height from ground to top of platform.
4. Platform of deck is to be minimum of 4 inches lower than home door threshold.
5. Deck must be on all treated wood posts.
6. Deck must be built with all treated lumber. (Brown or Green).
7. No frost wall footings.
8. Deck must have a handrailing around the full length of the platform.
9. Deck handrailing and spindles must meet all Local and State Codes.
10. Decks with more than 1 riser will need a handrailing.
11. Deck must be enclosed from floor to ground with material which compliments the exterior of the home (e.g.: Skirting that matches the skirting on the home, lattice, etc).
12. Deck must be completed within 14 days from the Permit issue date unless extended.
13. Deck's trim must be painted or sealed, and stained with visible colored water sealant which compliments the exterior of the home within 30 days from the Permit issue date.
14. Any improvements, including but not limited to the construction of said deck by the Resident, may be subject to an additional yearly fee which shall be deemed additional rent based upon any additional real estate taxes imposed by any taxing authority by reason of such improvement. Resident shall reimburse Owner/Management if the Assessor does not bill Resident directly.

Permit NOT Valid Unless Signed by Resident and Management.

Submitted this _____ day of _____, _____.

Built by _____ Deck Size _____ x _____

Resident Signature _____ Lot No. & Address _____

APPROVAL

Issued this _____ day of _____, _____.

Start Date _____ Print _____ Material List _____

Completion Date _____

Management Signature _____

ALPINE PARK COMMUNITY

CARPORT PERMIT

**The Undersigned Agrees to Comply with the Following Guidelines.
ALL CARPORTS MUST MEET ALL STATE AND LOCAL CODES.**

1. A drawing or picture and a material list of the proposed carport must accompany this request, but does not relieve the Resident from complying with this Agreement.
2. Carport must be built with material that **must have prior approval** from Management.
3. Shed must have house type, **asphalt shingles** on the roof. (NO FIBERGLASS).
4. No frost wall footings.
5. Carport must be completed within 14 days from the Permit issue date unless extended.
6. Carport must any shown treated lumber be painted or sealed, and stained with visible colored water sealant which compliments the exterior of the home within 30 days from the Permit issue date.
7. Any improvements, including but not limited to the construction of said carport, may be subject to an additional yearly fee which shall be deemed additional rent based upon any additional real estate taxes imposed by any taxing authority by reason of such improvement. Resident shall reimburse Owner/Management if the Assessor does not bill Resident directly.

Permit NOT Valid Unless Signed by Resident and Management.

Submitted this _____ day of _____, _____.

Built by _____ Carport Size _____ x _____

Resident Signature _____ Lot No. & Address _____

APPROVAL

Issued this _____ day of _____, _____.

Start Date _____ Print _____ Material List _____

Completion Date _____

Management Signature _____

ALPINE PARK COMMUNITY

SHED PERMIT

THE UNDERSIGNED AGREES TO THE FOLLOWING GUIDELINES:

1. **All sheds must meet all State and Local Codes.**
2. Shed is to be no smaller than 8' x 10' and not larger than 10' x 12'.
3. Maximum height for the peak is 10 feet.
4. A drawing or a picture and a material list of the proposed shed must accompany this request, but does not relieve Resident from complying with this Agreement.
5. Shed must be on 4' x 4' treated runners and anchored firmly to ground.
6. Shed must have a floor.
7. Shed must be sided with vinyl siding which compliments the exterior of the manufactured home. (7/16" or 1/2" plywood must be used for underlayment of sides).
8. Shed must have house type, **asphalt shingles** on the roof. (**NO FIBERGLASS**).
9. Shed construction must be completed within 14 days for the Permit issue date.
10. Shed's trim must be stained or painted in an attractive manner to compliment the home within 30 days from the Permit issue date.
11. Shed must be level when built or on delivery.
12. No metal sheds or plastic sheds will be allowed.

PERMIT NOT VALID UNLESS SIGNED BY RESIDENT AND MANAGEMENT.

DATE SUBMITTED _____ SHED SIZE _____ x _____

PRE-BUILT BY _____ DELIVERY DATE _____

BUILT BY _____

Resident Signature

Lot No & Address

APPROVAL:

DATE ISSUED _____ START DATE _____

MANAGEMENT SIGNATURE _____

PRINT _____ MATERIAL LIST _____

COMPLETION DATE _____

ALPINE PARK COMMUNITY

CONFIRMATION - ANCHORED SHEDS

All sheds built on the properties of Alpine Park Community must be built in accordance to our Shed Guidelines listed on the Shed Permit. (See previous page). As stated in Item #5, **Shed must be on 4'x4' treated runners and anchored firmly to the ground.** No matter how big or small your shed is it **MUST** be **anchored** firmly directly to the ground or directly into the concrete pad.

It is the Resident's responsibility to have his/her shed built and anchored correctly to these specifications. If you are not sure if your shed is anchored correctly, you need to contact the person(s) who built your shed. If the shed is not anchored, you must have it anchored **immediately**.

The Management of or anyone employed by Alpine Park Community will not be held responsible for any damage or injury due to any instances that may occur involving any shed within the Alpine Park Community.

The undersigned Resident(s) acknowledges that I/we have read and understand the Shed Permit Guidelines. In returning this notice, I/We certify that these Guidelines have been met and our shed is securely anchored firmly to the ground or directly into the concrete pad in which the shed is built.

Dated this _____ Day of _____, _____.

Signature of Resident #1

Signature of Resident #2 (if applicable)

Lot # & Address

ALPINE PARK COMMUNITY ONSITE GARAGE AGREEMENT

THIS ONSITE GARAGE AGREEMENT, is made and entered into this _____ day of _____, _____, between Alpine Park Community hereinafter referred to as Owner/Management, and _____ Lot No. & Address _____ hereinafter referred to as Resident in this Agreement.

WITNESSETH:

1. Resident hereby requests to build an onsite garage on Lot No. _____ & Address being _____.
2. A drawing or a picture and a materials list of the proposed garage must accompany this request, but does not relieve the Resident from complying with this Agreement.
3. Resident shall own the onsite garage and said garage shall be built at the expense of Resident only. Said garage shall be free and clear of any liens.
4. All existing Landscaping, sod and concrete shall be the responsibility of Resident, if said landscaping, sod and concrete is disturbed by Resident building said garage. If Resident desires to remove the garage from the homesite, Resident shall (at Resident's expense) restore the lot to its original condition, including but not limited to, all landscaping, sod and concrete. All concrete connected with the garage shall be removed by Resident and new sod shall be laid at Resident's expense. All concrete removal shall be approved by Management prior to removal.
5. Any additional concrete needed for the building of said garage shall be at the expense of Resident. All concrete poured must be per Management's written approval.
6. All garages must be built to Landowner's specifications and must be approved by Management in writing prior to construction of said garage. Resident shall provide Landowner with a list of materials and site plan. The color of the garage shall conform with the Resident's manufactured home. A Building Permit from the City of Dubuque **must** be obtained prior to commencement of construction.
7. The Contractor building the garage must be approved by Management. Management may require assurance of completion in the form of a Bond or otherwise.
8. Garages shall be built with a 12-inch overhang and the siding and roof shall conform with the homesite. Asphalt shingles are required. All garages shall be located beyond existing water and sewer lines, any other change in location must be approved by Management. All garages that are built less than 6 feet to any manufactured home must have a 1-hour firewall approved by Management. Garages shall be fitted with gutters and down spouts to enable water to drain on concrete drive out to the street. (80% running towards street).
9. Any improvements, including but not limited to the construction of said garage by the Resident, may be subject to an additional yearly fee which shall be deemed additional rent based upon any additional real estate taxes imposed by any taxing authority by reason of such improvement. Resident shall reimburse Landowner if the Assessor does not bill Resident directly.

10. **Sale of home or garage.** Resident's home may be moved off the homesite by complying with the sales provisions outlined in the Guidelines and Rental Agreement. Residents may resell their garage on the site within the Community so long as the garage meets specifications. If the garage does meet the Community specifications, the garage may remain on site and sold to a new Resident. If the garage does not meet the Community specifications, it must be brought into conformance by the Resident (garage owner), approved in writing by Management or removed from the Community. Residents selling their home or garage on the homesite, must have their home or garage inspected by Management for upgrading requirements for a fee of twenty-five dollars (\$25.00) prior to selling.
11. A Resident must have a garage or a shed, but **NOT** both and completed within 30 days from move-in date unless extended.
12. All garages must be kept clean, in good condition and be upgraded at Management's request.
13. If a Resident abandons a garage on a homesite in the Community, the Landowner will make a reasonable effort to notify the legal owner of the garage in a reasonable time and inform such person(s) of the liability for any costs incurred for the garage. The garage may not be moved from the homesite without written consent from the Landowner showing clearance for removal, showing all monies due and owing to be paid in full or an agreement reached with the legal owner or Landowner. If a Resident abandons a garage on a homesite, the garage shall become the property of Alpine Park Community (Landowners).
14. Construction for the onsite garage shall begin on the _____ day of _____, _____. The onsite garage will be completed within 15 days from start of construction.
The Contractor is _____
Concrete Done by _____

Garage Size _____ x _____

Resident Signature: _____

Lot No. & Address: _____

Phone Number: _____

City Permit: _____ Completion Date: _____

ALPINE PARK COMMUNITY

BY: _____
Management for Alpine Park Community Date

ALPINE PARK COMMUNITY SATELLITE DISH GUIDELINES & AGREEMENT

By signing this form, Owner/Management gives _____
written permission to install a Direct Broadcast Satellite Dish on his/her home located at
Lot No. & Address _____ Dubuque, IA 52001.

The following Guidelines apply to the placement of a Direct Broadcast Satellite Dish on a manufactured home.

1. Resident must have pre-approval from Owner/Management and must have read and signed a copy of the "Alpine Park Community Satellite Dish Guidelines & Agreement" prior to the installation of a dish.
2. Dishes larger than 24 inches in diameter are prohibited in this Community. Owner/Management prefers dishes **no longer** than 18 inches.
3. Dish must be installed on the resident's home in a location that is **not visible from the street**. Dish must be installed on the home, in the most inconspicuous location possible and must be attractively shielded from view to the greatest extent feasible. **Owner/Management reserves the right to determine the site for the installation of the satellite dish.**
4. If requested by Owner/Management, dish must be painted an appropriate color to match the surrounding environment.
5. Dish must be installed and secured with a metal bracket, and in a manner that complies with all applicable codes, state and city laws and regulations and manufacturers instructions.
6. Dish must be installed and secured so that it does not jeopardize the safety of any neighboring property or any person.
7. Dish may not be place in such a way as to obstruct a driver's view of any street, driveway or intersection.
8. Resident shall be responsible for the maintenance and repair of dish and shall not allow dish to fall into disrepair or to become a safety hazard.
9. Residents are solely responsible for all costs associated with said dish, including but not limited to all costs to (a) repair, maintain, relocate and remove any such dish, (b) repair damage to other property caused by the installation, maintenance or use of any such dish, (c) pay medical expenses incurred by any person injured by the installation, maintenance or use of any such dish and (d) reimburse and hold harmless the Community Owner/Management for all damages caused by the installation, maintenance and use of any such dish.

NOTE: The laws applicable to the guidelines described above are subject to interpretation and change. Therefore, residents are advised to consider that changes in the law, court decisions and rulings by the FFC may affect their rights and obligations regarding the installation of dishes in the future.

Resident agrees to comply with the above guidelines without exception. Violation of any of the guidelines may result in termination of rental agreement.

Satellite Size _____

| | | |
|----------------------------|---------------------------|---------------|
| _____ Resident | _____ Owner/Management | _____ Date |
| _____ Lot No. & Address | | |

**ALPINE PARK COMMUNITY
PO BOX 1656
DUBUQUE, IA 52004-1656**

PET APPLICATION

By signing this form, Owner/Management gives _____ of
Lot No. & Address _____, Alpine Park Community, Dubuque
IA, written permission to have the following pet:

Type of Pet: Dog _____ Cat _____ Name _____
If Dog, Shoulder Height _____
Male _____ Female _____ Color _____ Pedigree _____

The following rules will apply:

1. No pet is allowed without signed written approval from Owner/Management.
2. No pet is allowed in storm shelters.
3. Pet will not cause danger, damage, nuisance, noise, health hazard, or soil the premises, grounds, common areas, walks, parking areas, landscaping or gardens in the manufactured housing community. Resident agrees to clean up after the pet and accepts full responsibility and liability for any damage, injury or actions arising from or caused by pet.
4. If at any time, Owner/Management deems it advisable, resident agrees to remove said pet from the premises.
5. All dogs must carry current rabies inoculation. My dog's current rabies number is _____ for the year of _____.
6. Pet is to be taken out on a **hand leash** and confined to the **owner's yard** for toilet habits. No hand leash shall exceed 6 feet in length. Pet is **not** to be tied or penned outside the home **at any time**. Pet is **not** allowed to run loose in the Community or is **not** allowed in the neighbors' yards.
7. Animal droppings are to be removed daily and not allowed to accumulate.
8. Excessive or needless barking or howling will be cause for immediate removal of pet by Resident.
9. A limit of 1 dog and 2 cats or 2 dogs and 1 cat per household has been set.
10. A \$5.00 per month for a dog and a \$2.00 per month for a cat "pet fee" will be charged
11. Resident agrees to remove the pet from the Community should it ever exceed 18 inches in height at shoulders.
12. Resident agrees to comply with the above rules at all times and without exception. Violation of Pet Rules can result in eviction of the pet and/or termination of Resident's Rental Agreement.

Dated this _____ day of _____, _____.

Resident #1

Resident #2

Owner/Management - Alpine Park Community