

Maple Root Ramblewood Corporation
2155 Nooseneck Hill Road
Coventry, RI 02816
Phone 401-397-5512

Acceptance Standards
Effective April 1, 2024

The following acceptance standards are applied uniformly and without exception regardless of race, color, age, sex, disability, marital status, family status, sexual preference, or national origin. Maple Root Ramblewood Corporation requires all applicants to provide proof of the following:

- A. Applicants must provide a minimum of 2 months' worth of **income verification** (pay statements or bank statements). Each applicant who will be listed on the home/bill of sale must provide proof of income.
 - Applicants purchasing a mobile home in cash must provide income verification in the amount of **\$1,300.00 per month**.
 - Applicants who hold a mortgage and/or loan on the mobile home must provide income verification in the amount of **\$1,800.00 per month**.
- B. A **credit check** must be supplied by the applicant withing 90 days prior of this application. Each individual applying for residency must have a satisfactory credit report and satisfactory landlord history. (Credit score **MUST** be 625 or greater, no exceptions made)
- C. A satisfactory **BCI check** certified by the Rhode Island Department of Attorney General's office, **MUST** be supplied by the applicant. The Attorney General's office is located at 4 Howard Avenue, Cranston, RI. Applicants can walk in and make the request in person. The phone number is 401-274-4400. Also visit www.riag.ri.gov.
- D. A copy of applicant's **current license** or ID.

By signing below applicants for residency certify that they understand the requirements listed above:

Applicant

Date

Applicant

Date

**Maple Root Ramblewood Corporation
Membership Application**

Unit Address: _____ Purchase Price: _____

Financing or paying cash (Please circle one) Estimated closing date: _____

Number of Occupants: _____ Name/s of Occupants: _____

Name/s of Purchaser/s: _____

Social Security No./s: _____ DOB/s: _____

Phone No: -Home _____ Alternate: _____

Email: _____

Housing Information:

PRESENT ADDRESS: _____ City _____ State _____ Zip _____

Check one: Rent _____ Own _____ How Long _____

Landlord name: _____ Phone: _____

Reason for moving: _____

PREVIOUS ADDRESS: _____ City _____ State _____ Zip _____

Landlord name: _____ Phone _____

Reason for moving: _____

EMPLOYMENT INFORMATION:

Present employer: _____ Address: _____ City _____ State _____

How long: _____ Position: _____ Salary \$ _____ per _____ Phone _____

Previous employer: _____ Address: _____ City _____ State _____

How long: _____ Position: _____ Salary \$ _____ per _____ Phone _____

OTHER SOURCE OF INCOME: _____ \$ _____ PER _____

OTHER SOURCE OF INCOME: _____ \$ _____ PER _____

I recognize that this application for membership is subject to acceptance or rejection. I hereby state that the information set forth above is true and complete and authorize verification of the information and references given, including the investigation of a professional credit check on each applicant. (Supplied by applicant)

Applicant: _____ Date: _____

Co-applicant: _____ Date: _____

Employment Verification

TO: _____
Employer name and address

RE: _____
Applicant name

DATE: _____

To Whom it May Concern:

Your employee has applied for membership to Maple Root Village or Ramblewood Estates. As part of the qualification process, we require verification of employment and income. Any information released will be kept confidential. Please return this form to MRRC, 2155 Nooseneck Hill Rd, Coventry, RI 02816 or email mrrccoventry@gmail.com. Thank you for your cooperation.

Sincerely,

Property Manager

I hereby authorize you to release the following information to Clarkin Cooperation in order that they may process my membership application for Maple Root Ramblewood Cooperation.

Applicant's signature

Date

TO BE COMPLEATES BY EMPLOYER

Length of employment: _____

Position: _____

Annual earnings: _____

Recommendations/Comments: _____

Authorized signature

Title

Date

LANDLORD VERIFICATION

APPLICANT NAME: _____

ADDRESS: _____

LANDLORD NAME: _____

ADDRESS: _____

Please be advised that the aforementioned individual has applied for membership into the Maple Root Village or Ramblewood Estates located in Coventry, Rhode Island. Please fill out the requested information for the aforementioned applicant and return via fax to (401) 385-9512 or email to mrrccoventry@gmail.com.

Thank you for your anticipated cooperation in this matter.

TO BE COMPLETED BY LANDLORD OR AGENT ONLY

MOVE-IN DATE: _____ MOVE-OUT DATE: _____

MONTHLY RENT: \$ _____ PAID ON TIME: _____

ANY LEGAL ACTION TAKEN: _____

IF YES, PLEASE EXPLAIN: _____

WAS THE UNIT KEPT IN GOOD CONDITION? _____

NUMBER OF PEOPLE LIVING IN UNIT: _____ PETS: _____

WOULD YOU RENT TO THIS PERSON/FAMILY AGAIN? _____

IF NO, PLEASE EXPLAIN: _____

ANY OTHER COMMENTS: _____

LANDLORD/AGENT SIGNATURE _____

TITLE: _____

PHONE # _____

Maple Root Ramblewood Corporation

2155 Nooseneck Hill Road Coventry, RI 02816

Telephone 401-397-5512, Fax 401-385-9512

Questions and Answers

1. What is the rental rate?

Maple Root rental rate is \$418.00 a month.

Ramblewood Estates rental rate is \$447.00 a month.

2. What does the rental rate include?

Water, septic maintenance, rubbish removal, and taxes on leased land.

3. What does the rental rate not include?

Heat, oil and/or gas and any other utilities on your home.

Taxes on your home.

4. Can I see a copy of the lease?

Yes; the MRRC lease is on our website. Please visit www.maplerootramblewood.com. A copy of the lease is under "Park Rules".

5. Do you allow dogs?

No. We do allow cats, however they must be inside or on a leash. We do accept companion or service animals upon approval of the management office.

6. Is Maple Root Village and/or Ramblewood Estates a senior community?

No. Anyone over the age of 18 may purchase a home in our properties providing they meet our acceptance criteria.

7. What if I have additional questions?

You may call the management office and speak with Kim at 401-397-5512.

You can email us at mrrccoventry@gmail.com.

About the Bureau of Criminal Identification

Bureau of Criminal Identification (BCI)

All in-person and/or national background checks performed by the Attorney General's Office will ONLY be available at the address below:

Attorney General Julius C Michaelson Customer Service Center
4 Howard Avenue (corner of Pontiac Ave. and Howard Ave.)
Cranston, RI 02920
401-274-44000

Hours of Operation
Monday-Friday
8:30 a.m. – 4:30 p.m.
No holidays

Notice:

Starting Monday, July 23, 2018, all in-person state and/or national background checks will only be available at our new Customer Service Center, located at 4 Howard Avenue, Cranston (in the Pastore Complex).

All BCI records are confidential law enforcement documents. However, these records may be released according to state and federal statute for specified purposes.

The cost of a BCI is \$5.00 (No Cash accepted)