Paradise Pines RV Park 31-day to 6-month Application Checklist

We're glad you have decided to live here at Paradise Pines RV Park for the next 31 days to 6 months.

Here is a list of things we'll need to complete your application. Applying for space: _____ Date: Applicant: _______ ☐ Copy of your government-issued ID □ Copy of all vehicles that will be in the park at your space registration card. (RV Auto Etc) ☐ Copy of insurance for all vehicles that will be in the park at your space (RV ___ Auto___ Etc___) ☐ Proof of Income (___YTD Paystub, ___Award letter, ___Bank Stmts, ___P&L with 2 yrs tax returns) □ DUNS Number(BUSINESS' CLIENTS ONLY) ☐ Completed and signed the application ☐ Credit Report (We will send a request to your email and phone) Please return these items ASAP to the office or management. Please remember that before 6 months you are required to check out of the space and park for a minimum of 1 day before we offer you another 31 days to 6 months lease (NO EXCEPTIONS). Staff Use Only: RV Space #: Rent: **Departure Date:** Applicant referred to PPRV by: ___Newspaper, ___ Sign, ___ Internet, ___ Flyer, __X Other Applicant copy of SS Card DL Non-Refundable Application Fee: \$_____ Spouse copy of SS Card DL Application Status: Approved Denied Per:____

Applicant Information:			
Last: First: Middle:		Birth Dat	e:
Social Security No.: Driver's License No.:		State:	•
Permanent Address: City:	Zip:		
Phone No.:		Email:	
Spouse/Applicant II:			
Last: First: Middle:			Birth Date:
Social Security No.:	Driver's Licens	e No.:	State:
Permanent Address: City:	Zip:		
Phone No.:		Email:	
First Name: Last:		Relationship:	Age:
First Name: Last:		Relationship:	Age:
First Name: Last:		Relationship:	Age:
First Name: Last:		Relationship:	Age:
Emergency Contact:			
Relationship:	Name:		Phone:
Address:		E-mail:	
RV Information:			
Year: RV Type:	Make/Model: Color:	Length:	
# of Slide-Outs: RV Plate	e #:		

Year & Type: #2	Color:	Make & Model:	State/License:		
Year & Type: #3	Color:	Make & Model:	State/License:		
Year & Type:	Color:	Make & Model:	State/License:		
Pets: List all pets to I Additional charges a	-		cats, birds, reptiles, fish,	and other pet	
Type & Breed:	Name:		Age & Color:	Weight:	
Neutered? Yes, No	Declawed	? Yes, No	Rabies Shots Current?	Yes No	
Type & Breed:	Name:		Age & Color:	Weight:	
Neutered? Yes, No	Declawed	? Yes, No	Rabies Shots Current?	Yes No	
Address:					
Present RV Park Nam	ne & Address:				
Dwner/Manager:			Phone:		
Date Moved-In			Move-Out Date:		
Reason for leaving:					
Previous RV Park Na	me & Address:				
Owner/Manager:			Phone:		
Date Moved-In			Move-Out Date:		
Reason for leaving:					
Applicant Employme	nt History:				
Applicant's Current Employer & Address:			Posi	ition:	
Supervisor's Name:	pervisor's Name:		Phone:		
Start Date:	End Date:		 Gross Mo. Income:		

Applicant's Previou	s Employer & Address:	Position:
Supervisor's Name		Phone:
Start Date:	End Date:	Gross Mo. Income:
Spouse Employmen	nt History:	
Spouse's Current E	mployer & Address:	Position:
Supervisor's Name	:	Phone:
Start Date:	End Date:	Gross Mo. Income:
Spouse's Previous	Employer & Address:	Position:
Supervisor's Name	:	Phone:
Start Date:	End Date:	Gross Mo. Income:
a) Will the Applicantb) Has the Applicantc) Been asked to md) Breached a leasee) Had any credit po	t maintain RV insurance? [It ever been evicted? [] ove out by a landlord? [] or rental agreement? []	No Explanation:
Agreement & Autho	orization Signature	
check to be made, value on this application rental or lease agree Paradise Pines RV agreement and by the check to be made, value on the check to be made.	verification of the information cation. I understand this is an ement in whole or part. If the Park/Pryde Property Manage	and correct. I hereby authorize a credit and/or criminal I provided, and communication with any and all names application to rent an RV space and does not constitute application is approved and I decide to rent a space at lent I agree to be bound by the terms of the attached Any questions regarding rejected applications must be ddressed stamped envelope.
Applicant Signature	9:	Date:
Spouse Signature:		 Date: