

RV & Golf Resort

PLEASE READ THE FOLLOWING:

To: American Applicants

In order fo	or us to consider your application, we require the following items:
	A completed and signed application. Please be sure all information is provided. Do not leave any item blank.
	Acceptable proof of income (example: most recent pay stubs, W-2, personal income tax returns, or proof of automatic deposit for retirement or social security income).
	An application fee in the amount of \$50.00 per person paid by credit card, check or money order made payable to VIEWPOINT RV & GOLF RESORT
	A documentation fee in the amount of \$300 per site paid by credit card, check or money order made payable to VIEWPOINT RV & GOLF RESORT
	Copy of valid Driver's Licenses for each applicant.
	Signed back page of the Viewpoint Rules & Regulations document. Return just this page and keep the remainder of the policy for your reference.
	Completed White Maricopa County Registration document. Include address where you would like the County to send your Annual Tax bill (mailed during summer months)
	Vehicle Information including Year, Make, Model, Color and License plate number. (Page 4 of application and Annual Auto Registration Document.)
	Pet Information including Type, Breed, Color, Weight, Height, Age, and Quantity. (Page 4 of application.)
The proce	essing of your application will be expedited by furnishing all of the above items as soon le.
We look f	forward to working with you.
Sincerely	•
Cheryl De General M	

	F	Residen	су Ар	plication	- All S	tates Ex	cept C	aliforn	ia			
Date:						mmunity community	Contact		Phone Number (w/area code):		ber (w/area code):	
Site Address: Site #:					City:			State:		Zip Code:		
Lot Rent (w/out cor	cessions):	Но	me Paym	ent:		Purchase Pr	ice:		Desin	ed Mor	ve-In Date:	
S	per n	nonth \$			per month	\$						
Serial Number:		Ye	ar:	Length	/Width:	Make:		Model:		Who	is the Seller?	
Annual or	er only lome and Lot Seasonal Ren	tal	Home Type: New Pre-Owned			Source of Home: Inventory Brokered Retail Partner Private/Other			ome Use: Primary Residency Secondary Residency Other:			
For "Residency Onlindicate source of h			Cash	Out	tside Lender	(Loan #, Lend	der Name	& Phone n	ımber):	☐ P	rivate Move-In	
Applicant Info	rmation											
·	2	. 0.25.						90, 13, V	1. 11			
Name (Last, First, A			100	zhbucaur 1 — i		Responsible ← Primary Social Security Number:						
Date of Birth (Mo/I	Date/Yr):				Driv	Driver's License Number/State:						
Have you ever been				County:	Stat	State: Marital Status:						
convicted of a felon	y? No	expla	un			Unmarried Married Separated						
		5 4		Applica	nt 1 Addres	History	F1 - 19	orginally.				
Current Address:					Hon	e Phone Num	ber (w/ ar	ea code):	Cell P	hone (v	w/ area code):	
City:		State:		Zip Code:	Ema	il Address:						
How long at this ad	dress Re	sidency Sta	tus:		Mor	Mortgage Company or Landlord Name:						
	TOHOL		Relative	Rent 0	Other							
Mortgage Company	or Landlord	Address:			Mor						Monthly Payment S per month	
If you have been at your current address for less than two years, please list:						City: State: Zip Code:						
Residency Status: How long at this address? Own Rent Relative Other Verse Months					ess? Mor	Mortgage or Landlord (Name and Phone Number): Monthly Payment						
Own Rent	1 S	Not a special of the last of the	Serve Co.				s per month					
				Applicant	1 Employm	nt History					*11,	
Occupation: Current Employer OR List Retired:					d: Pho					Zip Code:		
☐ If Self-Employed ☐ Full Time ☐ Part Time Years				•		s Income OR		nt Income: er month		yea	less than two ars, list former aployer below:	
Occupation:		Employe				e Number:	City:		State:	2011	Zip Code:	

Residency Application – All States Except California											
☐ If Self-Employed ☐ Full Time											
		Part Time		Years Mon		\$ per month					
Notice: Income from alimony, child support, maintenance, and/or public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation.											
Source:		Monthly \$	Amount	Source		Monthly Amount Source				Month Amount	
Have you filed bankrup				Yes No	l	u applied for credit un-		me?	Ď.	Yes No	
Have you had any judgr	ments	, reposse:	ssions, garn	ishments, or legal p	proceeding	s filed against you in t	he last 7 years?		0	Yes No	
		If you	u answered	"Yes" to any of the	ese questi	ons, please explain in	the lines below.				
			70								
	-		100	Acast	المائم والمائم	rilidas v					
		(1	Please inclu	Assets	s ior App as it may	licant 1 enhance your approv	al chances)				
Type of A	Acco	unt			Bank	учинири	ar caances)	Balance			
						-					
	-	_									
		7 7				Responsible	w appropriately		,		
Name (Last, First, Midd	11010	** **		Applicant		parity of the section	în. (Sep. 3	G.			
ivanic (Last, First, Midd	ne):				So	cial Security Number:					
Date of Birth (Mo/Date/	/Yr):				Dr	Driver's License Number/State:					
Have you ever been convicted of a felony?		Yes No	If yes, explain:	County:	Sta	ite:	Marital Statu		ied 🔲	Separated	
	_										
	_			an isomania	Sala Marine	72.45					
			1	Applican	t 2 Addre	ss History					
Current Address:					Ho	me Phone Number (w	area code):	Cell Phone ((w/ area	a code):	
City:		State	ð:	Zip Code:	En	Email Address:					
How long at this address	3?		Residency Own	CONTRACT OF THE PARTY OF THE PA	Mo	Mortgage Company or Landlord Name:					
Years	1	Months	_	Other							
Mortgage Company or I	andle	ord Addre			Mo	Mortgage Company or Landlord Phone Number: Monthly Payment					
					1				\$	per month	
If you have been at your		Former A	Address:		Cit	y:	State:		Zip Co		
current address for less than two years, please lis									•		
Residency Status:	ame and Phone N	lumber).	Month	ily Payment							
Own Rent I	Relati	ve 🔲 O		v long at this addres		Page or renenging (14)	mue and FHURC IV	1		ny rayment	
				Years Monti	TARTE MILES	ki Turkitti arrivttus - e	at representation		\$	per month	
Applicant 2 Employment History											

	Resi	dency	Appl	ication – A	II States Ex	cept C	aliforni	a		
Occupation:	Current Employer OR List Retired:			Phone Number:	City:		State:	Zip Code:		
Part Time Year			Employ Years	ed OR Retired: Months	Gross Income OF	OR Retirement Income:			If less than two years, list former Employer below:	
Occupation:	Em	ployer:			Phone Number:	City:		State:	Zip Code:	
☐ If Self-Employed	☐ If Self-Employed ☐ Full Time ☐ Part Time Ye			ed OR Retired: Months	Gross Income OR	D	nt Income: er month			
Notice: Income from alimony,	, child support, ma	intenance, and	Vor nublic	Applicant 2 (ther Income		147 - 11 Ar.			
Source	\$	Amount	Source	apport pay atoms repet	Monthly Amount		tave them consid Urce	lered as a basi	Month Amount	
Have you filed bankrupt	cy in the last 7	years?	Yes	No Have	you applied for cre	edit under	a different n	ame?	Yes No	
Have you had any judgn	nents, reposses	sions, garn	ishments	s, or legal proceed	lings filed against y	ou in the l	ast 7 years?		Yes No	
	If you	answered	"Yes" to	any of these que	estions, please expl	ain in the	lines below.			
*	(P	lease inclu	ide Liqu	Assets for A	pplicant 2 ay enhance your a	pproval c	hances)			
Type of A	Account			Bank			Balance			
						-				
Occupants				i)						
		Service Constitution of the Constitution of th	egan ar ar	Occup	10117		Trugs HA			
Name (Last, First, Middl				Social Security N	100	11	Date of Birth (Mo/Day/Yr):			
Current Address:				City:		State:		Zip	Zip Code:	
Have you ever been Yes If yes, County convicted of a felony? No list:				State:		If you answere please explain		nswered " explain in t	d "Yes" to the question, in the line below.	
+ 1.		T- 1		Occup	int 2					
Name (Last, First, Middl	e):				ocial Security Number:			Date of Birth (Mo/Day/Yr):		
Current Address:	***			City:	State: Zip		Zip	Code:		
Have you ever been convicted of a felony?	Yes 1	ounty:		State:			If you answered "Yes" to the question, please explain in the line below.			



	Ne	sidenc	у Арр	lication –			cept Ca	alifo	rnia	
				0	ccupant 3	7344 1304				1
Name (Last, First, Midd	Social Security Number:				Date of Birth (Mo/Day/Yr):					
Current Address:	City:			State:			Zip Code:			
Have you ever been convicted of a felony?			State:		If pli	you answe ease explai	 red "Yes" to the question in the line below.			
		缺	- 2	Ö,	ccupant 4	i stranska Nastrije				
Name (Last, First, Midd	le):	* *	Ţ	Social Secu	rity Numb	er:	1	Date	of Birth (N	/lo/Day/Yr):
Current Address:				City:			State:			Zip Code:
Have you ever been convicted of a felony?	Yes No	If yes, list:	County:			State:		If ple	you answe ease explai	 red "Yes" to the question in in the line below.
Year: Make: Year: Make:				Model:				Plate/License Number:		
Do you have any pets the	at will be liv	ving with vo	- 1	7 to 1 to	nformatio					W and
Type Breed				Color		Weight		Height		Age
Additional Comme	nts									
Additional Comme Unless I check this be email me with information	ox, by signi	ing this app s on their c	lication, I	am giving Eq es and RV resc	uity LifeSt	yle Propertion	es, Inc. and i	its affili	iates permi	ssion to telephone and



Residency Application - All States Except California

Signatures

I hereby authorize Equity Lifestyle Properties, Inc., its affiliates and subsidiaries, to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Equity Lifestyle Properties, Inc., its affiliates and subsidiaries, and any procurer or furnisher of such information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including, without limitation, various law enforcement agencies.

As an applicant, I represent that the above statements are correct and complete and that I intend that Equity Lifestyle Properties, Inc. its affiliates and subsidiaries rely on these representations in determining whether to lease to me a home and/or homesite in the community. I agree that I have no right to occupy a home or homesite in the community until and unless this application is approved, a lease is signed and I have made any necessary initial payments. I understand that any misrepresentation on this application may be cause for lease termination and/or non-acceptance of this application.

Applicant 1:			
_	Print Name	Signature	Date (Mo/Day/Yr)
Applicant 2:			
inplaced at a	Print Name	Signature	Date (Mo/Day/Yr)
Occupant 1 (over 18):			
_	Print Name	Signature	Date (Mo/Day/Yr)
Occupant 2 (over 18):			
_	Print Name	Signature	Date (Mo/Day/Yr)
Occupant 3 (over 18):			
	Print Name	Signature	Date (Mo/Day/Yr)
Occupant 4 (over 18):			
	Print Name	Signature	Date (Mo/Day/Yr)
•			
	*1		
****************************	Disclo		***************************************
Non-Refundable Resident	Application Screening Fee per Adult (18 years ar		
Screening service contact is	nformation: Origen Financial Services LLC, 277	777 Franklin Road, Suite 1710, Southfield,	MI 48034, (248) 746-4701.
	Interns		***************************************

When application is returned, ensure that the application is complete, legible, signed, and dated, and collect the Resident Application Screening Fee.

