

HOLIDAY TRAV L

9102 COAST GUARD RD
EMERALD ISLE, NC 28594
252-354-2250

EMAIL: andrew_lovelace@equitylifestyle.com

Thank you for your interest in leasing an annual site at Holiday Trav L.

To have an annual site in the Park, a background check must be obtained through our third-party provider. By completing and signing the background check form you authorize Holiday Trav L to run the necessary checks. The background check is \$50.00 for the main applicant(s) and is non-refundable or transferable. Any other occupants over the age of 18, who will occupy the site, must pass a criminal background check at the cost of \$25.00 per occupant.

Anyone aged 18 or older, who will be staying at an RV site, is considered either an applicant or an occupant. The initial steps of the background check begin with both criminal and credit checks being run for all potential applicants (up to two). "Applicants" are person(s) who are responsible for payments and the signing of any required lease documents and/or other paperwork. If there are any adults who will be staying an RV site, who are not responsible for making payments or signing any lease documents (i.e., elderly parents or adult children), these individuals are considered "Occupants." Only a criminal check, not a credit check, needs to be completed for occupants. Third party providers of criminal and credit checks have been given pre-determined criteria standards for applicants and occupants.

Along with a completed background check form, we will need some type of proof of income, i.e., current pay stub, W2, personal income tax returns, proof of automatic deposit for retirement or Social Security, if self-employed current tax return with Schedule C.

When we have received the background check we will collect payment and run the background check as quickly as possible. Once the background check is in the system, it usually does not take more than 72 hours. We will contact you if there are any problems or let you know if you are approved.

Once approved you may pick a site or make your purchase. Please come to the Office and sign your lease paperwork. If you are purchasing a unit in the park there will be a \$2,500.00 transfer fee due at time of transfer.

Again, thank you for your interest in Holiday Trav L

Holiday Trav L Management



Residency Application – All States Except California

Date:		Community Name:		<input type="checkbox"/> An all-ages community <input type="checkbox"/> A 55-and-over community	Contact:	Phone Number (w/area code):		
Site Address:			Site #:	City:	State:	Zip Code:		
Lot Rent (w/out concessions): \$ _____ per month		Home Payment: \$ _____ per month		Purchase Price: \$ _____		Desired Move-In Date:		
Make:		Year:	Length/Width:	Model:	Serial Number:	Who is the Seller?		
Will you be carrying homeowners or renters insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Application: <input type="checkbox"/> Homeowner only <input type="checkbox"/> Lease/Lease to own <input type="checkbox"/> Seasonal Rental		Source of Home: <input type="checkbox"/> Inventory <input type="checkbox"/> Brokered <input type="checkbox"/> Retail Partner <input type="checkbox"/> Private/Other		Home Use: <input type="checkbox"/> Primary Residency <input type="checkbox"/> Secondary Residency <input type="checkbox"/> Other:		Home Type: <input type="checkbox"/> New <input type="checkbox"/> Pre-Owned
For "Residency Only" application, indicate source of home financing:		<input type="checkbox"/> Cash		<input type="checkbox"/> Outside Lender (Loan #, Lender Name & Phone number):		<input type="checkbox"/> Private Move-In		

Applicant Information

Applicant 1

Name (Last, First, Middle):		Social Security Number:	
Date of Birth (Mo/Date/Yr):		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	Driver's License Number/State:

Applicant 1 Address History

Current Address:		Home Phone Number (w/ area code):		Cell Phone (w/ area code):		
City:	State:	Zip Code:	Email Address:			
How long at this address? Years _____ Months _____		Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Relative <input type="checkbox"/> Rent <input type="checkbox"/> Other		Mortgage Company or Landlord Name:		
Mortgage Company or Landlord Address:		Mortgage Company or Landlord Phone Number:		Monthly Payment \$ _____ per month		
If you have been at your current address for less than two years, please list:		Former Address:		City:	State:	Zip Code:
Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other		How long at this address? Years _____ Months _____		Mortgage or Landlord (Name and Phone Number):		Monthly Payment \$ _____ per month

Applicant 1 Employment History

Occupation:		Current Employer OR List Retired:		Phone Number:	City:	State:	Zip Code:
<input type="checkbox"/> If Self-Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time Employed OR Retired: Years _____ Months _____		Gross Income OR Retirement Income: \$ _____ per month		If less than two years, list former Employer below:	
Occupation:		Employer:		Phone Number:	City:	State:	Zip Code:
<input type="checkbox"/> If Self-Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time Employed OR Retired: Years _____ Months _____		Gross Income OR Retirement Income: \$ _____ per month			



Applicant 1 Other Income

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 bankruptcy in the last 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for credit under a different name?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any judgments, repossessions, garnishments, or legal proceedings filed against you in the last 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No
		County:	State:		If yes, list:

If you answered "Yes" to any of these questions, please explain in the lines below.

Assets for Applicant 1

(Please include Liquid Assets as it may enhance your approval chances)

Type of Account	Bank	Balance

Credit References and Other Expenses for Applicant 1

(Please include payments and obligations that likely DO NOT already show up on the credit bureau; such as child support and buy here/pay here car loans and furniture companies)

Type of Bill	Company or Payee	Monthly Obligation
Child Care		\$
Child Support		\$
Alimony		\$
Car Loan		\$
Other:		\$

Applicant 2

Name (Last, First, Middle):		Social Security Number:	Driver's License Number/State:
Date of Birth (Mo/Date/Yr):	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	Relationship to Applicant 1:	<input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other:

Applicant 2 Address History

Current Address:		Home Phone Number (w/ area code):	Cell Phone (w/ area code):
City:	State:	Zip Code:	Email Address:
How long at this address? Years Months	Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Relative <input type="checkbox"/> Rent <input type="checkbox"/> Other	Mortgage Company or Landlord Name:	
Mortgage Company or Landlord Address:		Mortgage Company or Landlord Phone Number:	Monthly Payment \$ per month
If you have been at your current address for less than two years, please list:	Former Address:	City:	State: Zip Code:
Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other	How long at this address? Years Months	Mortgage or Landlord (Name and Phone Number):	Monthly Payment \$ per month



Applicant 2 Employment History					
Occupation:	Current Employer OR List Retired:	Phone Number:	City:	State:	Zip Code:
<input type="checkbox"/> If Self-Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time Employed OR Retired: Years Months	Gross Income OR Retirement Income: \$ _____ per month	If less than two years, list former Employer below:	
Occupation:	Employer:	Phone Number:	City:	State:	Zip Code:
<input type="checkbox"/> If Self-Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Time Employed OR Retired: Years Months	Gross Income OR Retirement Income: \$ _____ per month		

Applicant 2 Other Income					
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 bankruptcy in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for credit under a different name?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you had any judgments, repossessions, garnishments, or legal proceedings filed against you in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list:	
		County:	State:		

If you answered "Yes" to any of these questions, please explain in the lines below.

Assets for Applicant 2 (Please include Liquid Assets as it may enhance your approval chances)		
Type of Account	Bank	Balance

Credit References and Other Expenses for Applicant 2 (Please include payments and obligations that likely DO NOT already show up on the credit bureau; such as child support and buy here/pay here car loans and furniture companies)		
Type of Bill	Company or Payee	Monthly Obligation
Child Care		\$
Child Support		\$
Alimony		\$
Car Loan		\$
Other:		\$

Financing

Total Cash Down Payment:	\$	Total Trade Equity For Down Payment:	\$
Total % of Sales Price:		Total Down Payment (Cash Down payment + Total Trade Equity):	\$

Occupants

Occupant 1

Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	Relationship to Applicant 1: <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other	
Current Address:	City:	State:	Zip Code:	

Occupant 2

Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	Relationship to Applicant 1: <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other	
Current Address:	City:	State:	Zip Code:	

Occupant 3

Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	Relationship to Applicant 1: <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other	
Current Address:	City:	State:	Zip Code:	

Occupant 4

Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	Relationship to Applicant 1: <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other	
Current Address:	City:	State:	Zip Code:	

Vehicle Information

Year:	Make:	Model:	Plate/License Number:
Year:	Make:	Model:	Plate/License Number:
Year:	Make:	Model:	Plate/License Number:

Pet Information

Do you have any pets that will be living with you? (if permitted) Yes No If yes, how many?

Type	Breed	Color	Weight	Height	Age

Additional Comments

General Information

1. How did you learn of this community:

- Newspapers: Name of Publication: _____ Issue: _____
- Magazine: Name of Publication: _____ Issue: _____
- Internet: Name of Website: _____
- Referral: If so, by whom: _____
- Other: Please specify: _____
- Our signs Drive By Flyers

2. If this will be a second home or partial residence, what is the address of your primary residence?

Street Address	City	State	Zip Code	Phone Number
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How many months each year do you plan to live at this address within the community? _____

What is the reason for your move (job, relocations, change of life status, etc.)? _____

3. Current Home is:

- A rented apartment
- A rented house
- An owned apartment
- An owned house
- Living with a relative or friend

4. Do you own:

- RV Yes No
- Tent Camp Yes No

5. Have you ever lived in a manufactured housing community before? Yes No Do you live in one now? Yes No

If yes, what community? _____

Unless I check this box, by signing this application, I am giving Equity LifeStyle Properties, Inc. and its affiliates permission to telephone and email me with information and offers on their communities and RV resorts, including memberships and other vacation projects, even if my name is on a do-not-call list.

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:	_____	_____	_____
	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)

Internal Use

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