# **HOLIDAY TRAV L**

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



Equity LifeStyle Properties, Inc. Two North Riverside Plaza Suite 800 Chicago, Illinois 60606 (312) 279-1400

# **Residency Application – All States Except California**

Date:	Comn	nunity Name:		An all-ages community A 55-and-over community			Contact:		Phone Number (w/area code):		
Site Address: Site #:			Site #:	City:		St	State:		Zip C	Zip Code:	
Lot Rent (w/out cor	cession	s):	Home Payment:		Purchas	e Price:	:		Desire	red Move-In Date:	
\$		per month	\$	per month	\$						
Make:			Year:	Length/Width: Model:			Serial Number:		Who is the Seller?		
Will you be carryin	g	Type of App	lication:	Source of Home:		Home	ome Use:			Home Type:	
homeowners or rent	ers	🗌 Ho	meowner only	Inventory			] Prim	ary Residen	су	New	
insurance?		🗌 Lea	se/Lease to own	Brokered			Secondary Residency		ency	Pre-Owned	
Yes	Yes Seasonal Rental		🗌 Retail Part	iner		] Othe	r:				
🗌 No				Private/Ot	her						
For "Residency Only" application, Cash			Outside Lender (Loan #, Lender Name & Phone number):				Private Move-In				
indicate source of h	ome fin	ancing:									

### **Applicant Information**

	Applicant 1										
Name (Last, First, Midd	le):					Social Security Number:					
Date of Birth (Mo/Date/Yr):          Married Unmarried       Separated					Jnmarried	Driver's License Nu	umber/St	tate:			
				Ap	oplicant 1 A	ddress History					
Current Address:						Home Phone Numb	oer (w/ ai	rea code):	Cell Phon	e (w/ a	rea code):
City:		State:		Zip Co	de:	Email Address:					
How long at this address?  How long at this address?  Vears  Months  Residency Status:  Own  Relative  Other					2	Mortgage Company	y or Land	llord Name:			
Mortgage Company or Landlord Address:						Mortgage Company or Landlord Phone Number: Monthly Payment					nthly Payment
If you have been at your current address for less than two years, please lis		rmer Addr	ess:			State:     State:					per month Code:
Residency Status:	Relative	Other		ong at this	s address?	Mortgage or Landlo	ord (Nan	ne and Phone	e Number):	Mor	nthly Payment
				Years	Months	\$ per month					
					-	oloyment History					
Occupation:		Current	Employer	OR List	Retired:	Phone Number:	City:		State:	Z	ip Code:
☐ If Self-Employed		Time Time	Fime Empl	2		Gross Income OR F		_		years,	than two list former
Occupation:	Years Months			Months	\$ Phone Number:	per month Emp City: State:				yer below: ip Code:	
 			Finna Em-1	laviad OT	Datinadu	Cross Income OD I	Datinan	nt Income:			
☐ If Self-Employed		Time Time	Fime Empl Ye	•	Months	Gross Income OR Retirement Income: \$ per month					
		I				. ·	r				



Notice: Income from alimony, chi	ld support, maintenai	ıce, and			e <b>r Income</b> be revealed if you d	lo not wish t	o have them	consi	dered as a basis fo	or paying this obligation.
Source:	Monthly Amou \$	ınt	Source		Monthly Amo \$	ount	Source			Month Amount \$
Have you filed bankruptcy	in the last 7 year	s?	Yes No	Have yo	u applied for cr	edit unde	nder a different name?		Yes No	
Have you had any judgmen	ts, repossessions	,	Yes No	Have yo	u ever been cor	nvicted of	a felony?	?	Yes	No If yes, list:
garnishments, or legal proceedings filed against you in the last 7 years?				County:					State:	·
	If you ans	wered	"Yes" to any of the	ese questi	ons, please exp	lain in th	e lines be	low		
			Asset	s for App	licant 1					
	(Please	e inclu	ide Liquid Assets			approval	chances)	)		
Type of Acc	count			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			Con	npany or l	Payee			ľ	Monthly Oblig	gation
Child Care						\$				
Child Support						\$				
Alimony						\$				
Car Loan						\$				
Other:						\$				
				Applican						
Name (Last, First, Middle)	:			So	ocial Security N	umber:	E	Drive	er's License N	lumber/State:
Date of Birth (Mo/Date/Yr)	):		Married 🗌 Unmari Separated		elationship Applicant 1:	Spo		-	elative	
			-			Frie Frie	nd	] Ot	her:	
			Applicar	nt 2 Addr	ess History					
Current Address:				H	ome Phone Nur	nber (w/ a	area code)	):	Cell Phone	(w/ area code):
City: State: Zip Code:			Eı	Email Address:						
How long at this address?  Residency Status:    Own  Relative    Years  Months				М	Mortgage Company or Landlord Name:					
Mortgage Company or Landlord Address:				М	Mortgage Company or Landlord Phone Number: Monthly Payment					
If you have been at your current address for less	Former Addre	ess:			ity:		State:			Zip Code:
than two years, please list:										

How long at this address?

Months

Years

Residency Status:

Own Rent Relative Other

\$	per mor	nth
EQUAL HO	UNITY Page	12

Monthly Payment

Mortgage or Landlord (Name and Phone Number):

Cecupation:       Current Employer OR List Retired:       Phone Number:       City:       State:       Zip Code:         If Self-Employed       Full Time       Time Employed OR Retired:       Gross Income OR Retirement Income:       If less than two years, list former         Occupation:       Employer:       Months       S       per month       Employer below:         Occupation:       Employer, and the month of the employed OR Retired:       Gross Income OR Retirement Income:       Zip Code:         Application:       Fund       Time Employed OR Retired:       Gross Income OR Retirement Income:       Zip Code:         Application:       Fund       Time Employed OR Retired:       Gross Income OR Retirement Income:       Zip Code:         Nate:       Income from allamay, diff angoen, uniferement, under public upper portment set to the revealed If yoe do not with the arc emonthered are a tot for pupping the allignine.         Source       Monthly Amount       Source       Monthly Amount       Source       Month Amount       State:         Suite:       Type of leage proceedings filed against       If you answered "Yes" to any of these questions, please explain in the lines below.       If you answered "Yes" to any of these questions, please explain in the lines below:         Type of Account       Bank       Balance       State:       If you ansum and for pupping yon Payee       Monthly Obligation <th></th> <th colspan="9">Applicant 2 Employment History</th>		Applicant 2 Employment History										
□ In Self-Employed       □ Fund Time       Years       Months       \$       per month       Years, fist former         Occupation:       Employer:       Image: Self Fund Time       Years       Months       \$       per month       Employee       Zip Code:         If Self-Employed       Paul Time       Time Employed OR Retired:       Cross Income OR Retirement Income:       Years       Months       \$       per month         Applicant 2 Other Income       Years       Months       \$       per month       Source       Month Amount       \$         Source       Monthy Amount       Source       Monthy Amount       Source       Month Amount       \$       \$       No         Have you filed bankruptery in the last 7 years?       IVes       No       Have you explied for credit under a different name?       IVes       No         Have you filed bankruptery in the last 7 years?       IVes       No       Have you explied for credit under a different name?       IVes       No         Have you had any judgments, reposessions, grand of these questions, please explain in the lines below.       If you answered "Yes" to any of these questions, please explain in the lines below.       If you in the last 7 years?       If you answered "Yes" to any of these questions, please explain in the lines below.         Type of Account       Bank       Ralance<	Occupation:		Current	Empl	oyer OR Li	ist Retire	ed:	Phone Number:	City:	State:		Zip Code:
If Self-Employed       ☐ Full Time       Time Employed OR Retired: Years       Gross Income OR Retirement Income: per month         Source       Monthi & s       per month         Source       Monthy Amount       Source       Monthy Amount         Source       Monthy Amount       Source       Monthy Amount         Source       Monthy Amount       Source       Monthy Amount         Have you filed bankruptcy in the last 7 years?       U Yes       No       Have you explied for credit under a different name?       U Yes       No         Have you had any judgments, repossessions, garrishments, or legal proceedings filed against you in the last 7 years?       U Yes       No       Have you ever been convicted of a felony?       Yes       No       If yes, list:         garrishments, or legal proceedings filed against you in the last 7 years?       U Yes       No       Have you ever been convicted of a felony?       Yes       No         If you answerd       "Yes" to any of these questions, please explain in the lines below.       State:       State:       No         Type of Account       Bask       Balance       If you any of these questions, please explain in the lines below.       State:       If you any of these questions, please explain in the lines below.         Type of Account       Bask       Balance       If you any of these question yon you you			t Time					\$	per month	_	year	rs, list former ployer below:
In self-Edmployed       Part Time       Years       Months       \$       per month         Applicant 2 Other Income         Note:       Income from almone, child support, maintenance, and/or public support payments ned not be revealed if you do not visk to have them considered as a basis for paying this obligation.         Source       Monthly Amount       Source       No       Monthly Amount       S         Have you filed bankruptey in the last 7 years?       If yes       No       Have you applied for credit under a different name?       If yes, list:         garnishments, or legal proceedings filed against you in the last 7 years?       If yes       No       Have you ever been convicted of a felony?       Yes, list:       State:         you in the last 7 years?       If yeu answered "Yes" to any of these questions, please explain in the lines below.       State:       No         If you answered "Yes" to any of these questions, please explain in the lines below.       State:       No       State:       No         If yeu answered "Yes" to any of these questions, please explain in the lines below.       State:       No       No       No         If yeu answered "Yes" to any of these questions, please explain in the lines below.       State:       No       No       No         If yeu answered "Yes" to any of these questions, please so for Applicant 2       Intervet to and balance       Inte	Occupation:		Employ	er:				Phone Number:	City:	State:		Zip Code:
Applicant 2 Other Income from alimone, child support, maintenance, and/ project payments used in do for wich to have duen considered as a last for payment (soligation).         Source       Monthly Amount       Source       Monthly Amount       Source       So	☐ If Self-Employed			Time								
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Have you had any judgments, repossessions, garnishments, or legal proceedings filed agains you in the last 7 years?       If yes No       Have you ever been convicted of a felony?       If yes No       If yes, list:         Guinty:       State:	Source		nthly Am	ount	Source			-	Source			
gamishments, or legal proceedings filed against you in the last 7 years?     County:     State:       If you answered "Yes" to any of these questions, please explain in the lines below.         If you answered "Yes" to any of these questions, please explain in the lines below.         If you answered "Yes" to any of these questions, please explain in the lines below.         If you answered "Yes" to any of these questions, please explain in the lines below.         If you answered "Yes" to any of these questions, please explain in the lines below.         If you answered "Yes" to any of these questions, please explain in the lines below.         If you answered "Yes" to any of these questions, please explain in the lines below.         If you answered "Yes" to any of these questions, please explain in the lines below.         If you answered "Yes" to any of these questions, please explain in the lines below.         If you answered "Yes" to any of these questions, please explain in the lines below.         If you answered "Yes" to any of these questions, please explain in the lines below.         If you answered "Yes" to any of these questions, please explain in the lines below.         If you answered "Yes" to any of the explained to the explained tothe explained to the explained to the explained to the ex	Have you filed bankruptcy	y in the	last 7 year	rs?	Yes	] No	Have	e you applied for crea	dit under a different	name?		Yes No
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If you answered "Yes" to any of these questions, please explain in the lines below.         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         Image: Credit References and Other Expenses for Applicant 2       Image: Credit References and Other Expenses for Applicant 2         Credit References and Other Expenses for Applicant 2       Monthly Obligation         Type of Bill       Company or Payee       Monthly Obligation         Child Care       \$       \$         Child Support       \$       \$         Alimony       \$       \$         Car Loan       \$       \$		ceeding	s filed aga	ainst					-	State:		
Ideate induce your approversionType of AccountBankBalanceInduction <td< td=""><td></td><td>I</td><td>f you ans</td><td>wered</td><td>l "Yes" to a</td><td>iny of th</td><td>ese qu</td><td>estions, please expla</td><td>in in the lines belo</td><td>w.</td><td></td><td></td></td<>		I	f you ans	wered	l "Yes" to a	iny of th	ese qu	estions, please expla	in in the lines belo	w.		
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Type of Account     Bank     Balance       Image: Constraint of the second sec			(Dloog	o in ol	ndo Liquid				annoval changes)			
Image: Control of Bill     Image: Control of Bill       Child Support     \$       Alimony     Image: Control of Bill       Car Loan     Image: Control of Bill	Type of Ac	ccount	(Fleas	emen		Assels			pprovar chances)	Balan	се	
(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       \$	5111											
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(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       \$												
(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       \$												
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Child Support     \$       Alimony     \$       Car Loan     \$	Type of	Bill				Co	mpany	or Payee		Monthly Ob	oligati	on
Alimony     \$       Car Loan     \$	Child Care								\$			
Car Loan \$	Child Support								\$			
	Alimony								\$			
Other: \$	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

	0	occupant 1							
Name (Last, First, Middle):	Social Security Number	: Date of Birth	Date of Birth (Mo/Day/Yr):		Applicant 1: Relative Other				
Current Address:	City:		State:		Zip Code:				
Occupant 2									
Name (Last, First, Middle):	Social Security Number	: Date of Birth	(Mo/Day/Yr):	Relationship to     Spouse     Friend	Applicant 1: Relative 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: Relative Other				
Current Address:	City:		State:	·	Zip Code:				
Occupant 4									
Name (Last, First, Middle):	Social Security Number	: Date of Birth		Relationship to     Spouse     Friend	Applicant 1: ] Relative ] 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 th	Do you have any pets that will be living with you? (if permitted) Yes No If yes, how many?									
TypeBreedColorWeightHeightAge										

**Additional Comments** 



## **General Information**

1.	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 part	al residence, what is	the address of your prin	mary residence?				
		Street Address		City	State	Zip Code	Phone Number		
	How m	any months each year	lo you plan to live at	this address within the	community?				
	What is	the reason for your m	ove (job, relocations,	change of life status, e	tc.)?				
3.	<ul> <li>3. Current Home is:</li> <li>A rented apartment</li> <li>A rented house</li> <li>An owned apartment</li> <li>An owned house</li> <li>Living with a relative or friend</li> </ul>								
4.	Do you own: RV Tent C	Camp Yes							
5.	Have you even	· lived in a manufactur	ed housing communit	ty before?  Yes	□ No Do you live	in one now?	les 🗌 No		
If y	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

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

