

# HOLIDAY TRAV-L PARK

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 Park.

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 Park 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 fully completed background check form we will need 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.**

**\*\*Be sure to fill out the background check form in its entirety to avoid delays in the approval process.\*\***

When we have received the background check form and required documents, 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 (about 3 days). We will contact you if there are any problems or tell you if you are approved.

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

Again, thank you for your interest in Holiday Trav-L Park

Holiday Trav-L Park Management



## Residency Application – All States Except California

|  |  |  |               |   |                |  |                           |  |
|--|--|--|---------------|---|----------------|--|---------------------------|--|
| Date:  |  | Community Name:<br><b>Holiday Trav-L Park</b>  |               | <input type="checkbox"/> An all-ages community<br><input type="checkbox"/> A 55-and-over community  | Contact:       | Phone Number (w/area code):  |                           |  |
| Site Address:<br><b>9102 Coast Guard Rd</b>  |  |  | Site #:       | City:<br><b>Emerald Isle</b>  |                | State:<br><b>NC</b>  | Zip Code:<br><b>28594</b> |  |
| Lot Rent (w/out concessions):<br>\$ _____ per month  |  | Home Payment:<br>\$ _____ per month  |               | Purchase Price:<br>\$ _____   |                | Desired Move-In Date:  |                           |  |
| Make:  |  | Year:  | Length/Width: | Model:  | Serial Number: | Who is the Seller?   |                           |  |
| Will you be carrying homeowners or renters insurance?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Type of Application:<br><input type="checkbox"/> Homeowner only<br><input type="checkbox"/> Lease/Lease to own<br><input type="checkbox"/> Seasonal Rental |               | Source of Home:<br><input type="checkbox"/> Inventory<br><input type="checkbox"/> Brokered<br><input type="checkbox"/> Retail Partner<br><input type="checkbox"/> Private/Other |                | Home Use:<br><input type="checkbox"/> Primary Residency<br><input type="checkbox"/> Secondary Residency<br><input type="checkbox"/> Other: |                           | Home Type:<br><input type="checkbox"/> New<br><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<br><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?<br>Years _____ Months _____  |        | Residency Status:<br><input type="checkbox"/> Own <input type="checkbox"/> Relative<br><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<br>\$ _____ 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:<br><input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other |        | How long at this address?<br>Years _____ Months _____   |  | Mortgage or Landlord (Name and Phone Number): |                                       | Monthly Payment<br>\$ _____ 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<br><input type="checkbox"/> Part Time | Time Employed OR Retired:<br>Years _____ Months _____ |  | Gross Income OR Retirement Income:<br>\$ _____ 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<br><input type="checkbox"/> Part Time | Time Employed OR Retired:<br>Years _____ Months _____ |  | Gross Income OR Retirement Income:<br>\$ _____ 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<br>\$ | Source   | Monthly Amount<br>\$                                | Source | Month Amount<br>\$                                       |
| 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<br><input type="checkbox"/> Separated | Relationship to Applicant 1: | <input type="checkbox"/> Spouse <input type="checkbox"/> Relative<br><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?<br>Years      Months   | Residency Status:<br><input type="checkbox"/> Own <input type="checkbox"/> Relative<br><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<br>\$      per month |
| If you have been at your current address for less than two years, please list:   | Former Address:   | City:   | State:<br>Zip Code:                  |
| Residency Status:<br><input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other | How long at this address?<br>Years      Months  | Mortgage or Landlord (Name and Phone Number): | Monthly Payment<br>\$      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<br><input type="checkbox"/> Part Time | Time Employed OR Retired:<br>Years      Months | Gross Income OR Retirement Income:<br>\$ _____ 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<br><input type="checkbox"/> Part Time | Time Employed OR Retired:<br>Years      Months | Gross Income OR Retirement Income:<br>\$ _____ 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<br>\$                                     | Source  | Monthly Amount<br>\$                                     | Source        | Month Amount<br>\$ |
| 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<br>(Please include Liquid Assets as it may enhance your approval chances) |      |         |
|--|------|---------|
| Type of Account  | Bank | Balance |
|  |      |         |
|  |      |         |
|  |      |         |
|  |      |         |

| Credit References and Other Expenses for Applicant 2<br>(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:<br><input type="checkbox"/> Spouse <input type="checkbox"/> Relative<br><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:<br><input type="checkbox"/> Spouse <input type="checkbox"/> Relative<br><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:<br><input type="checkbox"/> Spouse <input type="checkbox"/> Relative<br><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:<br><input type="checkbox"/> Spouse <input type="checkbox"/> Relative<br><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

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## General Information

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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

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.

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**Signatures**

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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.

|                              |            |           |                  |
|------------------------------|------------|-----------|------------------|
| <b>Applicant 1:</b>          | _____      | _____     | _____            |
|                              | Print Name | Signature | Date (Mo/Day/Yr) |
| <b>Applicant 2:</b>          | _____      | _____     | _____            |
|                              | Print Name | Signature | Date (Mo/Day/Yr) |
| <b>Occupant 1 (over 18):</b> | _____      | _____     | _____            |
|                              | Print Name | Signature | Date (Mo/Day/Yr) |
| <b>Occupant 2 (over 18):</b> | _____      | _____     | _____            |
|                              | Print Name | Signature | Date (Mo/Day/Yr) |
| <b>Occupant 3 (over 18):</b> | _____      | _____     | _____            |
|                              | Print Name | Signature | Date (Mo/Day/Yr) |
| <b>Occupant 4 (over 18):</b> | _____      | _____     | _____            |
|                              | Print Name | Signature | Date (Mo/Day/Yr) |

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**Internal Use**

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