



PARK CITY RV PARK. LLC
RV LOT APPLICATION

STAFF USE ONLY

RV Space # _____ Monthly Rent _____ Date Application Received _____

Arrival Date _____ Departure Date _____

Applicant copy of: SS card DL Non-refundable application fee \$ _____

Spouse copy of: SS card DL App. Status Approved Denied

Applicant Information:

Last: First Middle Birth Date:

Social Security No: Driver's License No: State:

Permanent Address City: Zip:

Phone No.: Email:

Spouse:

Last: First Middle Birth Date:

Social Security No: Driver's License No: State:

Permanent Address City: Zip:

Phone No.: Email:

Additional Occupants: Name all other persons who will occupy the premises: A separate application is required for all applicants 18 years or older, except spouse. Additional application fee required.

First Name: Last: Relationship: Age:

First Name: Last: Relationship: Age:

Emergency Contact:

Relationship: Name: Phone:

Address: Email:

RV information:

Year: RV Type: Make/Model: Color: Length:

of Side-Outs: RV Plate#: Insurance Provider & Policy Number (submit copy w/app)

Vehicles:

#1 _____

Year: Color: Make & Model: State/License:

#2 _____

Year: Color: Make & Model: State/License:

Pets: List all pets to be kept on the premises (Dogs, cats, birds, reptiles, fish and other pets). **ONLY TWO (2) PETS ALLOWED.**

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

RV Park History:

Present RV Park Name & Address:

Owner/Manager Phone:

Date Moved In: Move-out Date:

Reason for Leaving:

Previous RV Park Name & Address:

Owner/Manager

Phone:

Date Moved In:

Move-out Date:

Reason for Leaving:

Applicant Employment History:

Applicant's Current Employer & Address:

Position:

Supervisor's Name

Phone:

Start Date:

End Date:

Gross Monthly Income

Applicant's Previous Employer & Address:

Position:

Supervisor's Name

Phone:

Start Date:

End Date:

Gross Monthly Income

Spouse Employment History:

Spouse's Current Employer & Address:

Position:

Supervisor's Name

Phone:

Start Date:

End Date:

Gross Monthly Income

Spouse's Previous Employer & Address:

Position:

Supervisor's Name

Phone:

Start Date:

End Date:

Gross Monthly Income

Additional Questions:

	Yes	No	Explanation:
A. Has applicant ever been evicted:	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Been asked to move out by landlord?	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Breached a lease or rental agreement?	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Had credit problems or bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	_____
F. Been sued for nonpayment of debt?	<input type="checkbox"/>	<input type="checkbox"/>	_____
G. Is any occupant a registered sex offender?	<input type="checkbox"/>	<input type="checkbox"/>	_____
H. Are any criminal matters pending?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Agreement and Authorization Signature

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand this is an application to rent an RV Space and does not constitute a rental or lease agreement in whole or part. If application is approved and I decided to rent a space at PARK CITY RV PARK, LLC, I agree to be bound by the terms of the attached agreement and by the park rules and regulations. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed envelope.

Applicant Signature:

Date:

Spouse Signature:

Date: