

EQUITY LIFESTYLE PROPERTIES, INC COMMUNITY CRITERIA SUMMARY
AGE QUALIFIED

PROOF OF INCOME: Manager must verify proof of income prior to running credit report.
Acceptable as Proof of Income:
Recent pay stubs (within past month) Social Security
Income Tax Returns (for Self Employment) Pension
Form W-2 Permanent Disability

CREDIT: Credit status will be checked through the appropriate Credit Bureau.
The following found in a credit report will create a denial:
Any open bankruptcy
Unsatisfied judgment(s)
Any open/unsatisfied tax lien(s)

CRIMINAL HISTORY: KFD will run a Criminal Background on every applicant.
The following will create a denial:
Any Felony Conviction
Any Registered Sex Offender or offenses involving sex or sex crimes
Any convictions for drug and/or paraphernalia use, possession or distribution within the last 15 years
Applicant falsified application by stating no arrest record exists
Any convictions for offenses against person or animals
Any convictions involving firearms or weapons
Any offenses against property i.e. theft, arson, burglary, vandalism, or destruction or property
Any convictions involving DUI within the last 5 years

RESIDENT HISTORY: KFD must be able to verify the most recent year of rental history. If landlord does not provide this information the applicant must provide a copy of their lease and 3 months worth of cancelled rent checks (front and back).
The following will create a denial:
Evicted
Applicant is currently in default under a lease
Apartment damage reported in the past 5 years
Any unpaid balance over \$500 owed to a rental community/landlord for any reason in the past 7 years
Delinquent mortgage account
Falsified landlord verification - Applicant not on lease
Applicant was served for non-payment of rent in the past 5 years

The following will create a point reduction in the model:
Applicant was served for lease violations in the past 5 years
Applicant served notice for neighbor complaints in the past 5 years
Any unpaid balance under \$499 owed to a rental community/landlord for any reason in the past 7 years

EMPLOYMENT: Scheduled rent cannot exceed 45% of verifiable gross monthly income.
Employment history and acceptable proof of income must be provided.
The following will create a denial:
Falsified employment verification
Applicant does not work at stated company

ADDITIONAL OCCUPANTS: Each additional occupant must have a separate application processed.

SIGNATURE REQUIRED FOR PROCESSING

Applicant Signature

Management Representative Signature

Date: _____



Holiday Village Ormond Beach
1335 Fleming Ave
Ormond Beach, Fl. 32174
Phone: 386-672-6232
Fax: 386-672-4422

Resident / Occupant Application

Date: _____

Thank you for your interest in Leasing at Holiday Village Ormond Beach:

In order for us to consider your application, we require the following items:

1. A completed and signed application. Please be sure all information is provided do not leave any items blank.
2. A signed EQUITY LIFESYTL E PROPERTIES, INC. Management Criteria Summary
3. Acceptable proof of income (example: most recent pay stubs, W-2, Personal Income Tax forms, or proof of automatic deposit for retirement or Social Security Income)
4. An Application fee in the amount of \$50.00 (For Residents) paid by check or money order Made Payable to EQUITY LIFE STYLE PROPERTIES, INC. Additional Application needed, will require additional fee payment.
5. Acceptable proof of age, i.e., Driver's License, Birth Certificate, Government issued photo ID.

The processing of your application will be expedited by furnishing all of the above items as soon as possible.

We look forward to working with you.

Sincerely,

Holiday Village[

Resident Application
\$50.00 Fee
Copy of Drivers License
Sign Last Page

Occupant Application
\$25.00 Fee
Non-Resident
Please list years at current



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?
Type of Application: <input type="checkbox"/> Homeowner only <input type="checkbox"/> Lease/Lease to own <input type="checkbox"/> Seasonal Rental	Home Type: <input type="checkbox"/> New <input type="checkbox"/> Pre-Owned	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:		
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):			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:
Date of Birth (Mo/Date/Yr):	Driver's License Number/State:

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
		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):	
Current Address:	City:	State:	Zip Code:
Occupant 2			
Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	
Current Address:	City:	State:	Zip Code:
Occupant 3			
Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	
Current Address:	City:	State:	Zip Code:
Occupant 4			
Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	
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) <input type="checkbox"/> Yes <input type="checkbox"/> 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
 A rented Manufactured Home
 An owned apartment
 An owned house
 An owned Manufactured Home
 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

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.

