



Equity LifeStyle Properties, Inc.

### Residency Application – All States Except California

Date:	Community Name: <b>Beacon Hill Colony</b>	<input type="checkbox"/> An all-ages community <input checked="" type="checkbox"/> A 55-and-over community	Contact: <b>Deanna</b>	Phone Number (w/area code): <b>863 688 3252</b>	
Site Address:	Site #:	City: <b>Lakeland</b>	State: <b>FL</b>	Zip Code: <b>33803</b>	
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 checked="" 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:		
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list:	County:	State:	<i>If you answered "Yes" to the question, please explain in the lines below.</i>

#### 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

*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:		
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list:	County:	State:	<i>If you answered "Yes" to the question, please explain in the lines below.</i>

**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

*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:
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list:	County:	State:	<i>If you answered "Yes" to the question, please explain in the line below.</i>	
Occupant 2						
Name (Last, First, Middle):		Social Security Number:		Date of Birth (Mo/Day/Yr):		
Current Address:		City:		State:		Zip Code:
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list:	County:	State:	<i>If you answered "Yes" to the question, please explain in the line below.</i>	
Occupant 3						
Name (Last, First, Middle):		Social Security Number:		Date of Birth (Mo/Day/Yr):		
Current Address:		City:		State:		Zip Code:
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list:	County:	State:	<i>If you answered "Yes" to the question, please explain in the line below.</i>	
Occupant 4						
Name (Last, First, Middle):		Social Security Number:		Date of Birth (Mo/Day/Yr):		
Current Address:		City:		State:		Zip Code:
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list:	County:	State:	<i>If you answered "Yes" to the question, please explain in the line below.</i>	

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

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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
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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.

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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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### Disclosure

Non-Refundable Resident Application Screening Fee per Adult (18 years and older) \$ 25

Screening service contact information: Origen Financial Services LLC, 27777 Franklin Road, Suite 1710, Southfield, MI 48034, (248) 746-4710.

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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.

