

Klines Resort Ltd.

APPLICATION FOR SEASONAL CAMPING

List all members of your household. Attach a separate sheet if necessary.

	FIRST NAME	LAST NAME	Birth Date	Social Security #
Applicant 1	_____	_____	___/___/___	___-___-___
Applicant 2	_____	_____	___/___/___	___-___-___
Applicant 3	_____	_____	___/___/___	___-___-___
Applicant 4	_____	_____	___/___/___	___-___-___

Describe relationship of each to Applicant 1: _____

Wedding Anniversary, if applicable: _____ E-MAIL: _____@_____

TELEPHONE: HOME: _____ WINTER HOME: _____

CELL: _____ WORK/OTHER: _____

Current Address: _____

Winter Address: _____

Emergency Contacts: _____

PERSONAL REFERENCES (name and phone #): _____

RESORT REFERENCES (residents you know): _____

DESCRIBE YOUR RV: Make: _____ Year: _____ Style: _____

Size: _____ Amps: _____ # of Slide-outs: _____

Requested date of occupancy: _____ Preferred Location: _____

Acknowledgment: The information on this form is true to the best of my knowledge. I understand that this is only an application and is subject to personal interview, references, credit check and approval by management. I authorize Klines Resort Ltd., its agents and representatives, to obtain information on my rental/credit/criminal/employment/source of income history by contacting any references necessary to evaluate renting risks. I hereby release all references to give Klines Resort all requested information. I have received a copy of the "Community Guidelines" and understand this application is subject to conditions, terms and rules contained therein. We understand that we have not been guaranteed a site until this application is approved and a site becomes available in the order of our application.

Date Signed: _____ Applicant 1: _____ Applicant 2: _____

Please complete the back of this form. Attach additional copies if needed for all applicants age 18 and older. Your application will not be processed until these are complete. Return these forms together with the \$50 deposit. Approved applicants will be offered a site as they become available in order applications are received.

APPLICANT 1: Occupation: _____

Retired? ___ Yes ___ No

Employer/Source of Income: _____

Phone: _____

Address: _____

\$_____ /wk /month

Bank/Financial References: _____

Phone: _____

Address: _____

Account type: _____

Additional Sources of Income (list): _____

Have eviction proceedings ever been filed against you? ___ No ___ Yes - explain below

Are you required to register as a Registered Sex Offender? ___ No ___ Yes - explain below

Have you ever been convicted of a felony? ___ No ___ Yes - explain below

Have you filed for bankruptcy within the last two years? ___ No ___ Yes - explain below

Explanations of above:

Applicant's Name (printed): _____ **Signature:** _____

APPLICANT 2: Occupation: _____

Retired? ___ Yes ___ No

Employer/Source of Income: _____

Phone: _____

Address: _____

\$_____ /wk /month

Bank/Financial References: _____

Phone: _____

Address: _____

Account type: _____

Additional Sources of Income (list): _____

Have eviction proceedings ever been filed against you? ___ No ___ Yes - explain below

Are you required to register as a Registered Sex Offender? ___ No ___ Yes - explain below

Have you ever been convicted of a felony? ___ No ___ Yes - explain below

Have you filed for bankruptcy within the last two years? ___ No ___ Yes - explain below

Explanations of above:

Applicant's Name (printed): _____ **Signature:** _____