Klines Resort Ltd.

APPLICATION FOR RESIDENCY IN A MANUFACTURED HOME OR PARK MODEL

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

F	IRST NAME	LAST NAME	Birth Date	Social Security #
Applicant 1 _			//	
Applicant 2 _			//	
Applicant 3 _			//	
Applicant 4			//	
Describe relatio	nship of each to	Applicant 1:		
Wedding Anniversary, if applicable:			E-MAIL:	@
TELEPHONE: HOME:			WINTER HOME:	
CELL:			WORK/OTHER:	
Current Addres	SS:			
Winter Address	:			
Emergency Con	itacts:			
PERSONAL RI	EFERENCES (n	ame and phone #):		
RESORT REFI	ERENCES (resid	ents you know):		
TYPE OF SITE	REQUESTED	(check one):		
Manufac	tured Home. Ar	ea/features preferred:		
Park Mo	del RV. Area/fea	tures preferred:		
Purchasi	ng Home on Lo	t # Proposed	l date of occupancy _	
application and is s Resort Ltd., its agen history by contactin requested informati conditions, terms ar	subject to personal its and representativ g any references nec ion. I have received nd rules contained th	interview, references, cre res, to obtain information ressary to evaluate renting a copy of the "Communi perein. We understand the	dit check and approval by on my rental/credit/crimir g risks. I hereby release all ty Guidelines" and underst	understand that this is only an management. I authorize Klines nal/employment/source of income references to give Klines Resort al tand this application is subject to sales agreement for the purchase sidency.
Date Signed:	Applic	ant 1:	Applicant	2:
Please a	uttach an <u>AmR</u> ent	Standard Rental App	<u>lication</u> for each applic	cant age 18 or older.
	Return these form	s together with the approp	priate fee for the credit hist are completed forms and fees	ory reports.

Klines Resort, 22260 Klines Resort Rd., Three Rivers, MI 49093 PHONE: 269-649-2514 E-MAIL: klinesresort@hotmail.com