



APPLICATION FOR RESIDENCY

Dear Prospective Applicant,

Thank you for your interest in leasing with Mid Florida Lakes.

For us to process your residency application, we are requiring you to submit the following information with a residency application filled out entirely along with this signed cover letter.

Applicant's – Primary Applicants (Anyone 18 years or older)

1. A picture copy of your identification (ex: driver's license, passport, or state ID)
2. Acceptable proof of income (ex: 3 months pay stubs, proof of automatic deposit of retirement of Social Security Income (SSI), copy of SSI acceptance letter or the prior years tax return.
3. A check or money order in US funds made payable to MID FLORIDA LAKES.
 - Check for \$50.00 per applicant for United States Citizens
 - Check for \$75.00 per applicant for Canadians

Occupants –

1. A picture copy of your identification (ex: driver's license, passport, or state ID)
2. Acceptable proof of income (ex: 3 months' pay stubs, proof of automatic deposit of retirement of Social Security Income (SSI), copy of SSI acceptance letter or the prior year's tax return
 - Check for \$50.00 per applicant for United States Citizens
 - Check for \$75.00 per applicant for Canadians

Pets

If you have a pet, we must have a copy of the most recent veterinarian paperwork which includes the weight of the pet and the weight at maturity.

Upon residency approval, the lease signing must transpire within 90 days. If not, an additional application fee may apply.

Applicant 1: _____ **Date:** _____

Applicant 2: _____ **Date:** _____

Occupant: _____ **Date:** _____

Occupant: _____ **Date:** _____

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:	
Serial Number:	Year:	Length/Width:	Make:	Model:
Who is the Seller?				
Type of Application: <input type="checkbox"/> Homeowner only <input type="checkbox"/> Renter – Home and Lot <input type="checkbox"/> Annual or 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 – Rent Responsible - Primary					
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, explain	County:	State:	Marital Status: <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated
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:
<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:

Residency Application – All States Except California

<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
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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.

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Assets for Applicant 1

(Please include Liquid Assets as it may enhance your approval chances)

Type of Account	Bank	Balance

Applicant 2 – Rent Responsible

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, explain:	County:	State:	Marital Status: <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated

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

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Residency Application – All States Except California

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

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>



Residency Application – All States Except California

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

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.

Residency Application – All States Except California

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)

Disclosure

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

Screening service contact information: Origen Financial Services LLC, 27777 Franklin Road, Suite 1710, Southfield, MI 48034, (248) 746-4701.

Internal Use

When application is returned, ensure that the application is complete, legible, signed, and dated, and collect the Resident Application Screening Fee.

