Make Sure to Include with your Application:

PROOF OF INCOME

IF RETIRED

- 1. Copy of Your Most Recent Bank Statements verifying Pension Deposits (Please Circle Each Amount).
- 2. Recent Copy of Savings Account Bank Statements.
- 3. Provide 4 CLEAR Photocopies of Each Occupants Government Issued Photo ID.
- 4. Provide 4 CLEAR Photocopies of Each Occupants Passport.

Check made out to "<u>MFL</u>" **IN U.S. DOLLARS** for the Background Check in the amount of \$75.00 (\$50.00 for the Applicant with the highest income & \$25.00 for the 2nd Applicant).

IF YOU ARE STILL WORKING

- 1. Attach Copy of Last Year's Tax Return.
- 2. Attach 1 Month of Pay Stubs to Verify Current Employment
- 3. Provide 4 CLEAR Photocopies of Each Occupants Government Issued Photo ID.
- 4. Provide 4 CLEAR Photocopies of Each Occupants Passport.

Check made out to "<u>MFL</u>" **IN U.S. DOLLARS** for the Background Check in the amount of \$75.00 (\$50.00 for the Applicant with the highest income & \$25.00 for the 2nd Applicant).

We suggest using UPS Global Air Mail and Mailing Applications & the Attachments directly to Dockside Homes & we will hand deliver them to the appropriate person for processing. There's no need for several individuals having access to your private info.

Mailing Address Only:

DOCKSIDE HOMES OF CENTRAL FLORIDA, INC.

102 WOODLAND DRIVE

LEESBURG, FLORIDA USA 34788



Residency Application – All States Except California

Date:	Community Name:			An all-ages community A 55-and-over community			Contact:		Phone Number (w/area code):		
Site Address: Site #:			City:		St	State:		Zip Code:			
Lot Rent (w/out concessions):			Home Payment:	Purchase I			Price: Desi			red Move-In Date:	
\$	\$ per month \$			per month	\$						
Make:			Year:	Length/Width: Model:			Serial Number:		nber:	Who is the Seller?	
Will you be carrying	g	Type of App	lication:	Source of Home:		Home V	Use:			Home Type:	
homeowners or rent	ers	🗌 Ho	meowner only	☐ Inventory			Primary Residency		су	New	
insurance?		🗌 Lea	se/Lease to own	Brokered			Secondary Residency		ency	Pre-Owned	
Yes			Retail Part	ner] Othe	r:				
🗌 No				Private/Ot	her						
For "Residency Only" application, Cash			Outside Lender (Loan #, Lender Name & Phone number):			nber):	Private Move-In				
indicate source of home financing:											

Applicant Information

Applicant 1											
Name (Last, First, Mide	lle):					Social Security Number:					
Date of Birth (Mo/Date/Yr): Image: Married in Unmarried in Separated				Unmarried	Driver's License N	umber/S	tate:				
				Aj	pplicant 1 A	ddress History					
Current Address:						Home Phone Num	ber (w/ a	rea code):	Cell Phor	e (w/	area code):
City:		State:		Zip Co	ode:	Email Address:			L		
How long at this address? Residency Status: Own Relative Years Months Rent Other				e	Mortgage Compan	y or Lan	dlord Name:				
Mortgage Company or Landlord Address:					Mortgage Company or Landlord Phone Number: Monthly Paymer \$ per mont					onthly Payment per month	
If you have been at your current address for less than two years, please h	-	rmer Addro	ess:			City: State: Zip Code:					Code:
Residency Status:	·	Other		ng at thi Years	is address? Months	Mortgage or Landlord (Name and Phone Number): Monthly Payment \$ per month					
				Арр	licant 1 Emj	ployment History					•
Occupation:		Current	Employer	OR List	Retired:	Phone Number:	City:		State:	2	Zip Code:
☐ If Self-Employed	Dert Time								years	s than two , list former	
Occupation:	Decupation: Employer:			wonuis	\$ Phone Number:	City:	ber month	State:		oyer below: Zip Code:	
If Self-Employed Full Time Time Employed OR Retired: Part Time Years Months			Gross Income OR Retirement Income: \$ per month								
						1					



NT (1		1/			other Inc		1.4.1		• • • • • • • • • • • •		
				ients need	eed not be revealed if you do not wish to have them considered as a basis for paying						
	nthly Amoun	t S	ource		Mor \$	nthly Amount	Source	9			Ionth Amount
\$	1			II		1:	1	· · · · · · · · · · · · · · · · · · ·		\$	
Have you filed bankruptcy in the	e last / years		Yes 🗌 No	Have	you app.	lied for credit un	ider a dil	ierent	name?		Yes No
Have you had any judgments, re	possessions.		Yes 🗌 No	Have	ve you ever been convicted of a felony?			nv?	Yes	No	If yes, list:
garnishments, or legal proceedin	-			Coun	•				State:) ,
you in the last 7 years?	0 0				5						
	If you answe	ered "Y	es" to any of th	ese que	estions, p	lease explain in	the line	s below	ν.		
											_
	(Please i	nclude			Applicant ay enhai	t 1 nce your approv	val chan	ces)			
Type of Account				Bar	ık				Balance	;	
(Please include payments and obligation					-	ses for Applicat		here/nav	here car loans a	nd fu	niture companies)
Type of Bill	is that likely D								Monthly Obligation		
Child Care			Company or Payee			\$					
Child Support						\$					
Alimony							\$				
Car Loan							\$				
Other:							\$				
Other:					\$						
				Applic	cant 2						
Name (Last, First, Middle):					Social S	Security Number	:	Driv	er's License N	Numt	ver/State:
Date of Birth (Mo/Date/Yr):			ried 🗌 Unmar arated	ried	Relatior to Appli	iomp	pouse		elative		
			irateu		to Appli		Friend		ther:		
			Applica	nt 2 Ad							
Current Address:					Home P	hone Number (v	w/ area co	ode):	Cell Phone	(w/ a	irea code):
City:	State:		Zip Code:		Email A	ddress:					
How long at this address? Residency Status:					Mortgag	ge Company or I	Landlord	Name	:		
Years Months Relative Over Other											
Mortgage Company or Landlord Address:					Mortgag	ge Company or I	Landlord	Phone	Number:	Mo	onthly Payment
										¢	nor month
If you have been at your Former Address:					City: State: Zip Code			per month Code:			
current address for less					city.		Sta			-np	2040.
than two years, please list:	T										
Residency Status:		How lo	ong at this addre	ess?	Mortgag	ge or Landlord (I	Name an	d Phon	e Number):	Mo	onthly Payment
Own Rent Relative	∐ Other		Years Mo	onths						\$	per month



per month

	Applicant 2 Employment History											
Occupation:		Current E	mploye	er OR Li	st Retire	d:	Phone Number:	City:	State:		Zip Code:	
If Self-Employed	☐ Full ☐ Part	Time T Time		mployed Years		ired: onths	Gross Income OR Retirement Income: \$ per month			yea	If less than two years, list former Employer below:	
Occupation:		Employer					Phone Number:	City:	State:		Zip Code:	
☐ If Self-Employed		Time T Time		he Employed OR Retired:			Gross Income OR Retirement Income:					
				Years		onths	\$ Other Income	per month				
Notice: Income from alimony,	child suppo	rt, maintenance	e, and/or	r public sup				not wish to have them con	sidered as a basi	is for p	aying this obligation.	
Source	Moi \$	Monthly Amount Source \$				Monthly Amount \$			Month Amount \$			
Have you filed bankrupto	cy in the l	last 7 years?	? [Yes [No	Have	e you applied for crea	dit under a different	name?		Yes No	
Have you had any judgm	ents, repo	ossessions,		Yes	No	Hav	e you ever been conv	icted of a felony?	Yes	No	If yes, list:	
garnishments, or legal pr you in the last 7 years?	oceeding	s filed agair	nst			Cou	nty:		State:			
	IJ	f you answe	ered "I	Yes" to a	ny of th	ese qu	estions, please expla	in in the lines belo	w.			
		(Please i	include	e Liquid			Applicant 2 nay enhance your ap	oproval chances)				
Type of A	Account			Bank				Balan	ce			
(Please include payments and	obligations	that likely DO					er Expenses for App it bureau; such as child s		y here car loan	s and f	urniture companies)	
Туре о	f Bill				Co	mpany	v or Payee		Monthly Ob	oligat	ion	
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):	irst, Middle): Social Security Number:		Date of Birth (Mo/Day/Yr):		Relationship toSpouseFriend	Applicant 1: Relative Other		
Current Address:	City:	City:		te:		Zip Code:		
Occupant 2								
Name (Last, First, Middle):	Social Security Numl	ber: Date of	of Birth (Mo/I	Day/Yr):	Relationship to Spouse Friend	Applicant 1: Relative Other		
Current Address:	City:	·	Sta	te:		Zip Code:		
	Occupant 3							
Name (Last, First, Middle):	Social Security Numl	ber: Date of	of Birth (Mo/I	Day/Yr):		Applicant 1: Relative Other		
Current Address:	City:		Sta	te:		Zip Code:		
Occupant 4								
Name (Last, First, Middle):	Social Security Numl	Der: Date of	of Birth (Mo/I	Day/Yr):	Relationship toSpouse[Friend[Relative Other		
Current Address:	City:		Sta	te:		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 th	Do you have any pets that will be living with you? (if permitted) Yes No If yes, how many?									
Type Breed Color Weight Height Age										

Additional Comments

General Information

1.	How did you	learn of this commun	ty:					
	Newspapers:	Name of Publication	1:				Issue:	
	Magazine:	Name of Publication	1:				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 par	tial residence, what	at is the address of	of your primary	residence?		
		Street Address		City		State	Zip Code	Phone Number
	How many months each year do you plan to live at this address within the community?							
	What is	the reason for your r	nove (job, relocati	ons, change of li	fe status, etc.)?			
3.	 A rent An ov An ov 	e is: ted apartment ted house vned apartment vned house g with a relative or fri	end					
4.	Do you own: RV Tent C	□ Yes □ Camp □ Yes □						
5.	Have you ever	r lived in a manufactu	red housing comn	nunity before?	Yes N	lo Do you liv	e in one now?]Yes 🗌 No
If y	es, what comm	unity?						

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-no-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.

