



### **Checklist for Residency Application**

- ✓ Completely filled out Application for Vista del Lago for each potential tenant (any children over the age of 18 must fill out an application);
- ✓ Request for Mortgage History OR Rental History (only fill out the top);
- ✓ Copy of Social Security Card and U.S. Driver's License; or a copy of a passport if applicant is not a U.S. citizen;
- ✓ Copy of latest pay stubs (minimum of 3 consecutive).

Please include a **NON-REFUNDABLE** application fee of \$30 **per applicant.**



# Application for Vista del Lago

**Seasonal**  Date \_\_\_\_\_ Vista Address: \_\_\_\_\_ Homesite# \_\_\_\_\_  
**Secondary**  \*Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last First MI Jr. Sr., Prior

Driver License # \_\_\_\_\_ State \_\_\_\_\_  Single  Married: Spouse Name \_\_\_\_\_  Divorced  
 Phone Number(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Is this COMMUNITY your full-time residence?  Yes  No Why Moving? \_\_\_\_\_

**Primary**  Present Address \_\_\_\_\_  
 Street Apt.# City State Zip Code  
 Landlord/  Rent  Own  
 Mortgage Holder \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Length of Residence \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Monthly Rent/Mortgage \$ \_\_\_\_\_ Mortgage Acct.# \_\_\_\_\_  
 Mo. Yr. Mo. Yr.  
 Employer/Source of Income \_\_\_\_\_ City & St. \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Position \_\_\_\_\_ Dates Employed \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Income \_\_\_\_\_ Per \_\_\_\_\_ Mgr. \_\_\_\_\_  
 In Case of  
 Emergency Notify \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

..... Name Relationship Address Phone Number .....

**Seasonal**  \*Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last First MI Jr. Sr., Prior  
**Secondary**  Driver License # \_\_\_\_\_ State \_\_\_\_\_  Single  Married: Spouse Name \_\_\_\_\_  Divorced  
 Phone Number(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Is this COMMUNITY your full-time residence?  Yes  No Why Moving? \_\_\_\_\_  
 Present Address \_\_\_\_\_  
 Street Apt.# City State Zip Code  
 Landlord/  Rent  Own  
 Mortgage Holder \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Primary**  Length of Residence \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Monthly Rent/Mortgage \$ \_\_\_\_\_ Mortgage Acct.# \_\_\_\_\_  
 Mo. Yr. Mo. Yr.  
 Employer/Source of Income \_\_\_\_\_ City & St. \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Position \_\_\_\_\_ Dates Employed \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Income \_\_\_\_\_ Per \_\_\_\_\_ Mgr. \_\_\_\_\_  
 In Case of  
 Emergency Notify \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

..... Name Relationship Address Phone Number .....

Persons who are/will be Residing In Home (other than applicants): Add to the back of this application if you need more room.

Name	Relationship	Age	Date of Birth

Pets: Number \_\_\_\_\_ Type \_\_\_\_\_ Breed \_\_\_\_\_

- 1) Have you or any member of your household ever been arrested [child or occupant 18 years or older]?
- 2) Have you ever had a foreclosure, filed for bankruptcy, had an eviction filed or left owing money to an owner, landlord or bank?
- 3) Have you applied for residency in the past 2 years at Vista del Lago, but did not move in or were denied residency?
- 4) Have you or any member of your household ever been placed on probation for any offense, pled no contest to any criminal offense or do you have pending charges against you?
- 5) Have you ever had adjudication withheld or been convicted of a crime?

	Applicant #1	Applicant #2
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered yes to any of the above questions please explain the circumstances regarding the situation on back of this sheet.

**AUTHORIZATION OF RELEASE OF INFORMATION** - Applicant represents that all of the above information and statements on the application for rental or purchase are true and complete, and hereby authorizes an investigative consumer report including, but not limited to, residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. This application must be signed or e-signed before it can be processed by management. Applicant agrees that the e-signature below and on all associated forms is the legal equivalent of a manual signature. **Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination or right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State.** \*Applicant is subject to rejection if additional applicant listed in the "Persons Residing In Home" section of this application are denied residency. Applicant understands that management can request additional information at any time to process the application. Applicant also understands Peterson Investments LLLP dba Vista del Lago and its affiliates do not discriminate on the basis of race/ethnicity, color, national origin, sex, religion, age, disability, veteran status, marital status or receipt of income from public assistance programs.

Upon approval, the secondary resident acknowledges they do not qualify without the primary resident's assistance. If at any time the primary resident is no longer associated with the above mentioned address the secondary resident has to vacate the community or reapply for residency. The primary resident acknowledges they are financially responsible. If the primary resident fails to pay rent, the secondary resident will be subject to eviction. The primary resident acknowledges that any eviction action required against the secondary resident for rule violations will include the primary resident unless the primary resident has the secondary resident vacate the community. Secondary residency approval is for the above-mentioned address only. If there is a change in tenant address, it will result in re-approval by Park Owner.

\_\_\_\_\_  
 Applicant #1's Signature Date Applicant #2's Signature Date  
 \_\_\_\_\_  
 Owner's Signature Date



**Request For Rental History**

To: \_\_\_\_\_ (Name of Landlord)  
\_\_\_\_\_ (Phone or Fax of Landlord)  
\_\_\_\_\_ (Account Number)  
Re: \_\_\_\_\_ (Potential Resident Name)

The above identified person has applied for residency with Vista del Lago and has indicated To us that you now have (or recently had) this family as a tenant in your property  
Location at: \_\_\_\_\_  
As indicated by these persons signatures noticed below, the tenant consents to the release of information pertaining to their rental history. We would greatly appreciate your cooperation in completing the applicable areas below:

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the rental company only.** Please answer the following questions regarding the tenant's rental history:

Move in date: \_\_\_\_\_ Move out date: \_\_\_\_\_  
Rental amount: \$ \_\_\_\_\_ Lease completed: Yes \_\_\_ No \_\_\_ Not Yet \_\_\_  
Lease expires on: \_\_\_\_\_ Was proper notice given? Yes \_\_\_ No \_\_\_  
Any NSF Checks? Yes \_\_\_ No \_\_\_ Number of late payments: \_\_\_ 5 days or more  
Deposit Returned? Yes \_\_\_ No \_\_\_  
Is any money currently owed? Yes \_\_\_ No \_\_\_ If So how much? \_\_\_\_\_  
Was eviction filing required? Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_  
Amount owed \$ \_\_\_\_\_  
Would you lease to this tenant again? \_\_\_\_\_  
\_\_\_\_\_  
Condition of apartment upon move-out: \_\_\_\_\_  
\_\_\_\_\_  
Other lease violations: \_\_\_\_\_  
\_\_\_\_\_  
Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number \_\_\_\_\_

Date: \_\_\_\_\_

**Please fax back to 407-239-8485** ATTN: \_\_\_\_\_

If you have any questions please call **407-239-7901**