

Riverglen RV Resort/DP Capital LLC

315 RiverGlen Dr. BHC, AZ 86429

Contact us

#928 754 – 3590, riverglenrvresort@outlook.com - www.riverglenrvresort.com

Date: ___/___/_____

THERE IS A FEE OF \$35.00 per person

(cash only, no checks/card/money orders) to process this application.

(THIS FEE IS NON REFUNDABLE and does not guarantee approval of background or credit)

Name: _____

Phone #: _____

can receive text messages - Y__ N__

Name: _____

Phone #: _____

can receive text messages - Y__ N__

(please fill out all following pages to the best of your ability leaving nothing blank, management may need to reach out post interview to verify any information provided, Thank you.)

APPLICANT History >

(applicant please complete this form personally leaving co-applicant sections for co-applicant, this part must be completed by the applicant, this form cannot be completed by the co-applicant.)

LAST NAME:_____FIRST:_____MIDDLE:_____

SOCIAL SECURITY NUMBER :___-___-___ BIRTH DATE :___-___-___

(PLEASE PROVIDE YOUR STATE LICENSE/ID FOR PHOTO COPY)

DRIVERS LICENSE# :_____ STATE :_____

PHONE:_____/EMAIL:_____

(PLEASE PROVIDE INFORMATION AGAIN TO ENSURE ALL INFORMATION IS LEGIBLE)

LAST:_____FIRST:_____MIDDLE:_____

SOCIAL SECURITY #:___-___-___ BIRTH DATE :___-___-___

DRIVERS LICENSE# :_____ STATE :_____

PHONE:_____/EMAIL:_____

RESIDENT HISTORY >

CURRENT ADDRESS:_____APT#:___ CITY:_____ STATE:_____

ZIP:_____PHONE#:_____

NAME OF LANDLORD:_____

LANDLORD PHONE#:_____ EMAIL:_____

RESIDENCY DATES FROM:_____ TO_____

PREVIOUS ADDRESS:_____APT#:___ CITY:_____ STATE:_____

ZIP:_____PHONE#:_____

NAME OF LANDLORD:_____

LANDLORD PHONE#:_____ EMAIL:_____

RESIDENCY DATES FROM:_____ TO_____

EMPLOYMENT HISTORY >

CURRENT EMPLOYER: _____

PHONE#: _____ SUPERVISOR: _____

ADDRESS: _____

COUNTY/STATE OF EMPLOY: _____

POSITION: _____

MONTHLY INCOME: _____

EMPLOYED FROM: _____ TO _____

PREVIOUS EMPLOYER: _____

PHONE#: _____

SUPERVISOR: _____

ADDRESS: _____

COUNTY/STATE OF EMPLOY: _____ POSITION: _____

MONTHLY INCOME: _____

EMPLOYED FROM: _____ TO _____

PERSONAL REFERENCES: _____

NAME: _____

RELATIONSHIP: _____

CITY/STATE _____

PHONE# _____

PERSONAL REFERENCES: _____

Applicant >

Have you or ANY members of your household, **INCLUDING JUVENILES**:

1. **EVER** been arrested, cited, prosecuted, pleaded guilty to or been convicted of a crime?

YES___NO___

2. **EVER** been placed on probation, parole, or any other release from jail or prison?

YES___NO___

3. **EVER** been or currently are a member of a criminal organization? YES___NO___

4. Is there a current warrant for you or ANY other members of your household's arrest?

YES___NO___

5. Are you currently involved in ANY criminal activity? YES___NO___

6. **EVER** been evicted or had a forcible detainer filed against you? YES___NO___

7. **EVER** moved to avoid eviction or because of problems with other tenants or a landlord?

YES___NO___ **EXPLAIN ALL "YES" answers IN DETAIL BELOW:**

CO-APPLICANT History >

(co-applicant please complete this form personally leaving applicant sections for applicant, this part must be completed by the co-applicant, this form cannot be completed by the applicant.)

LAST NAME : _____ FIRST : _____ MIDDLE : _____

SOCIAL SECURITY NUMBER : ____-____-____ BIRTH DATE : ____-____-____

PHONE: _____/EMAIL: _____

(PLEASE PROVIDE YOUR STATE LICENSE/ID FOR PHOTO COPY)

DRIVERS LICENSE# : _____ STATE : _____

(PLEASE PROVIDE INFORMATION AGAIN TO ENSURE ALL INFORMATION IS LEGIBLE)

LAST NAME : _____ FIRST : _____ MIDDLE : _____

SOCIAL SECURITY NUMBER : ____-____-____ BIRTH DATE : ____-____-____

PHONE: _____/EMAIL: _____

(PLEASE PROVIDE YOUR STATE LICENSE/ID FOR PHOTO COPY)

DRIVERS LICENSE# : _____ STATE : _____

CO-APPLICANT RESIDENT HISTORY -

CURRENT ADDRESS: _____ APT#: ____ CITY: _____ STATE: _____

ZIP: _____ PHONE#: _____

NAME OF LANDLORD: _____

LANDLORD PHONE#: _____

RESIDENCY DATES FROM: _____ TO _____

PREVIOUS ADDRESS: _____

APT#: ____ CITY: _____ STATE: _____

ZIP: _____ PHONE#: _____

NAME OF LANDLORD: _____

LANDLORD PHONE#:_____

RESIDENCY DATES FROM:_____ TO _____

EMPLOYMENT HISTORY >

CURRENT EMPLOYER: _____

PHONE#:_____ SUPERVISOR:_____

ADDRESS:_____ POSITION:_____

MONTHLY INCOME:_____

EMPLOYED FROM:_____ TO _____

PREVIOUS EMPLOYER: _____

PHONE#:_____ SUPERVISOR:_____

ADDRESS:_____ POSITION:_____

MONTHLY INCOME:_____

EMPLOYED FROM:_____ TO _____

CO-APPLICANT

PERSONAL REFERENCES:

NAME:

RELATIONSHIP:

CITY/STATE

PHONE# _____

NAME: _____

RELATIONSHIP: _____

CITY/STATE _____

PHONE# _____

CO-APPLICANT >

Have you or ANY members of your household, INCLUDING JUVENILES:

8. EVER been arrested, cited, prosecuted, pleaded guilty to or been convicted of a crime?

YES___NO___

9. EVER been placed on probation, parole, or any other release from jail or prison?

YES___NO___

10. EVER been or currently are a member of a criminal organization? YES___NO___

11. Is there a current warrant for you or ANY other members of your household's arrest?

YES___NO___

12. Are you currently involved in ANY criminal activity? YES___NO___

13. EVER been evicted or had a forcible detainer filed against you? YES___NO___

14. EVER moved to avoid eviction or because of problems with other tenants or a landlord?

YES___NO___ EXPLAIN ALL "YES" answers IN DETAIL Below:

WILL THERE BE ANY PETS IN THE DWELLING UNIT: YES___NO___

PLEASE LIST INFORMATION FOR ALL PETS RESIDING AT THE HOME SITE:

NAME:

TYPE/BREED:

WEIGHT:

LICENSE#:

COLOR:

VEHICLE TO BE PARKED AT HOME SITE?

PLEASE LIST INFORMATION FOR VEHICLE TO BE PARKED AT HOME SITE:

MAKE: _____

DATE: _____

MODEL: _____

YEAR: _____

COLOR: _____

PLATE#: _____ EXP. _____

PLEASE READ CAREFULLY

Applicant(s) represents that all the above statements are true and complete, and hereby authorizes verification, now and in the future, of above information and credit records. Applicant(s) acknowledge that ANY false information contained herein constitutes grounds for rejection of this application, if discovered before or after move-in. Management reserves the right to verify application information prior to move-in. This application is preliminary only and does not obligate owner or representative to execute a lease or deliver possession of proposed premises. By signing this application, applicant(s) authorize all persons/firms named and unnamed in this application to freely provide any and all requested information concerning applicants and hereby waive all right of action for any consequences resulting from such information.

Applicants signature _____

dated _____

Applicants signature _____

dated _____

DECLARATION –

The undersigned represents and warrants that the above information is true and has been made for the purpose of informing the management of the park. Management reserves the right to verify any and all application information offered on this application after move-in. Applicant acknowledges that any false information contained in this application constitutes grounds for rejection of this application after move-in. The undersigned understands that if management cannot verify any of the information provided, management has the right to deny this application. The undersigned further agrees and understands that prospective resident(s), shall have no rights of tenancy until a rental agreement has been signed by the park management and the prospective resident(s).

APPLICANT _____ APPLICANT _____

SCREENING SERVICE >

{The above-named individual(s), do hereby authorize Riverglen RV Resort/Hitchin Post Trailer Ranch, to use the information provided within this application for the purpose of seeking background checks, credit checks or other information for the purpose of determination of qualification for residency in: Riverglen RV Resort/Hitchin Post Trailer Ranch .

(signature) _____

(signature) _____

DATE: _____

DATE: _____

Thank You for your interest in Riverglen RV Resort in addition to this application, there are a few things you will need to know/provide before this application can be processed: please provide the following to management when you return this application:

1. Income verification: please provide 6 months of income proof, this can be; paychecks, bank deposit slips, etc. Must be in physical form this office cannot process digital media.

2. Social Security/Disability based Income Verification: please provide 6 months of social security/disability income proof, this can be; government letters stating required info, printed deposit receipts, bank deposit slips, etc. Must be in physical form this office cannot process digital media.

3. Credit score Requirement This office will not process applications for applicants holding a score of under 600. A score reported under 600 will be cause for immediate dismissal of your application. Exceptions may be made in cases where there is insufficient data, and or no report of score.

NOTES: _____

Riverglen RV Resort/DP Capital LLC

>Application Fee Receipt -

Date: ____/____/____

There is a fee of \$35.00 per person, to process this application.

This fee is NON-REFUNDABLE, and does not guarantee approval of background or credit.

TOTAL CASH PAID TO PROCESS APP(s) - \$35.00x____ = _____

Mgmt: _____

Applicant: _____

Applicant: _____