

Paradise Pines RV Park
31 day to 6 month Application Checklist

We're glad you have decided to live here at Paradise Pines RV park for the next 31 day to 6 months.

Here is a list of things we'll need to complete your application.

Applying for space: _____

Date: _____

Applicant: _____

Copy of your ID

Copy of all vehicles that will be in the park at your space registrations card

Copy of insurance for all vehicles that will be in the park at your space

Proof of Income

DUNS Number

Completed and signed application

Credit Report

Please return these items asap to the office or management.

Please remember that prior to 6 months you are required to check out of the space and park for a minimum of 1 days before we will offer you another 31 days to 6 months lease (NO EXCEPTIONS).

RV SPACE APPLICATION

Paradise Pines RV Park
14360 Skyway
Magalia, CA 95954

PPRV@paradisepinesrv.com
Office: (530) 413-80RV

Staff Use Only:

RV Space Number: Monthly Rent: Date Application Received:

Expected Arrival Date: Expected Departure Date:

Applicant referred to PPRV by: ___ Newspaper, ___ Sign, ___ Internet, ___ Flyer, ___X Other

Applicant copy of: SS Card DL Non-Refundable Application Fee: \$_____

Spouse copy of: SS Card DL Application Status: Approved Denied Per: _____

Applicant Information:

Last: First: Middle: Birth Date:

Social Security No.: Driver's License No.: State:

Permanent Address: City: Zip:

Phone No.: Email:

Spouse/Applicant II:

Last: First: Middle: Birth Date:

Social Security No.: Driver's License No.: State:

Permanent Address: City: Zip:

Phone No.: Email:

Additional Occupants: Name all other persons who will occupy the premises: A separate application is required for all applicants 18 years or older, except spouse. Additional charges may apply.

First Name: Last: Relationship: Age:

First Name: Last: Relationship: Age:

First Name: Last: Relationship: Age:

First Name: Last: Relationship: Age:

Emergency Contact:

Relationship: _____ Name: _____ Phone: _____
Address: _____ E-mail: _____

RV Information:

Year: _____ RV Type: _____ Make/Model: _____ Color: _____ Length: _____
of Slide-Outs: _____ RV Plate #: _____

Vehicles: List all vehicles, motorcycles to be parked in your RV space. Parking is limited and you may be asked to find alternate parking arrangements for certain vehicles. Additional charges may apply.

#1 _____
Year & Type: _____ Color: _____ Make & Model: _____ State/License: _____
#2 _____
Year & Type: _____ Color: _____ Make & Model: _____ State/License: _____
#3 _____
Year & Type: _____ Color: _____ Make & Model: _____ State/License: _____

Pets: List all pets to be kept on the premises (dogs, cats, birds, reptiles, fish and other pets). Additional charges and restrictions apply:

_____	_____	_____	_____
Type & Breed:	Name:	Age & Color:	Weight:
_____	_____	_____	_____
Neutered? Yes No	Declawed? Yes No	Rabies Shots Current? Yes No	
_____	_____	_____	_____
Type & Breed:	Name:	Age & Color:	Weight:
_____	_____	_____	_____
Neutered? Yes No	Declawed? Yes No	Rabies Shots Current? Yes No	

Address:

Present RV Park Name & Address: _____

Owner/Manager: _____ Phone: _____

Date Moved-In: _____ Move-Out Date: _____

Reason for leaving: _____

Previous RV Park Name & Address:

Owner/Manager: _____

Phone: _____

Date Moved-In _____

Move-Out Date: _____

Reason for leaving: _____

Applicant Employment History:

Applicant's Current Employer & Address: _____

Position: _____

Supervisor's Name: _____

Phone: _____

Start Date: _____ End Date: _____

\$ _____

Gross Mo. Income: _____

Applicant's Previous Employer & Address: _____

Position: _____

Supervisor's Name: _____

Phone: _____

Start Date: _____ End Date: _____

\$ _____

Gross Mo. Income: _____

Spouse Employment History:

Spouse's Current Employer & Address: _____

Position: _____

Supervisor's Name: _____

Phone: _____

Start Date: _____ End Date: _____

\$ _____

Gross Mo. Income: _____

Spouse's Previous Employer & Address: _____

Position: _____

Supervisor's Name: _____

Phone: _____

Start Date: _____ End Date: _____

\$ _____

Gross Mo. Income: _____

Additional Questions: If yes, please explain.

	Yes	No	Explanation:
a) Will Applicant maintain RV insurance?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) Has Applicant ever been evicted?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c) Been asked to move out by a landlord?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d) Breached a lease or rental agreement?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e) Had any credit problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____
g) Been sued for nonpayment of debt?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Agreement & Authorization Signature

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand this is an application to rent an RV space and does not constitute a rental or lease agreement in whole or part. If application is approved and I decide to rent a space at Paradise Pines RV Park/Pryde Property Management I agree to be bound by the terms of the attached agreement and by the park rules and regulations. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

Applicant Signature:

Date:

Spouse Signature:

Date: