



PALM SHADOWS MOBILE HOME & RV RESORT
200 N. VAL VERDE
DONNA, TEXAS 78537
956-464-3324



APPLICANT INFORMATION

Full Name: _____
 Social Security #: _____
 Date of Birth: _____
 DL#: _____ State: _____
 Phone #: _____
 Email: _____
 Present Address: _____

How Long: _____ Rental: Yes No
 Monthly Payment: _____
 Landlord & Phone #: _____
 Employer (proof of income required): _____

Have you ever been arrested: Yes No
 Explain: _____

SPOUSE/CO-APPLICANT

Full Name: _____
 Social Security #: _____
 Date of Birth: _____
 DL#: _____ State: _____
 Phone #: _____
 Email: _____
 Present Address: _____

How Long: _____ Rental: Yes No
 Monthly Payment: _____
 Landlord & Phone #: _____
 Employer (proof of income required): _____

Have you ever been arrested: Yes No
 Explain: _____

Have you ever been found guilty of possession of an illegal substance: Yes No
 Are there any unsatisfactory judgements against you? Yes No
 Have you ever declared bankruptcy? Yes No If yes, when: _____
 Have you ever been sued for eviction? Yes No If yes, when: _____
 Has the applicant, co-applicant or any other occupant been convicted of a felony? Yes No
 If yes, please explain: _____

If you are approved to occupy the home, you must bring a copy of the title in your name to the Main Office within 30 days of occupancy.

I/We certify that the information provided is true and correct to the best of my/our knowledge and false information provided will void approval for residency.

Signature: _____ Date _____

Signature: _____ Date _____

VEHICLES: No more than two (2) vehicles per household.

1. Make: _____ Year: _____ State of registration: _____ License #: _____
2. Make: _____ Year: _____ State of registration: _____ License #: _____

PETS: All pets must be pre-registered with the Main Office. **No vicious breeds permitted.**

Do you have a pet? YES NO CAT DOG

Breed: _____ Description: _____

Copy of current vaccination certificate must be presented to Main Office prior to moving into Palm Shadows.

Name of additional occupants. (Rules state a \$10 per month fee will be charged for additional occupants). A separate application must be filled out for any additional occupants.

Full Name: _____ Date of Birth: _____

CREDIT REFERENCES

Company: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Bank: _____ Phone #: _____

PERSONAL REFERENCES (Non-Relative)

Full Name: _____ Phone #: _____

Full Name: _____ Phone #: _____

PERSONAL REFERENCES (Relative)

Full Name: _____ Phone #: _____

Relationship: _____

Full Name: _____ Phone #: _____

Relationship: _____

EMERGENCY CONTACTS

Full Name: _____ Phone #: _____

Relationship: _____

Full Name: _____ Phone #: _____

Relationship: _____

Applicant(s) agree with and sign they understand and have received and will follow the Park Rules and Regulations. Applicant(s) understand that lot rent may increase and agrees to pay the increase. **APPLICANT UNDERSTANDS PALM SHADOWS MOBILE HOME & RV RESORT IS A 55+ COMMUNITY AND AT LEAST ONE RESIDENT IN YOUR HOME MUST BE AGE 55 AND NO APPLICANT CAN BE UNDER THE AGE OF 45.**

Utilities will be in whose name: _____

All the information is true, accurate and complete to the best of applicants knowledge. Park Management reserves the right to deny residency if information is not accurately represented. APPLICANT(S) WILL NOT PURCHASE OR OCCUPY SAID HOME WITHOUT FIRST RECEIVING PARK APPROVAL IN WRITING.

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

PRIVACY POLICY

What this Privacy Policy Covers:

This Privacy Policy covers our treatment of nonpublic personally identifiable information that we collect when you, the “customer” or “consumer”, apply to rent a lot from us. This policy also covers our treatment of any nonpublic personally identifiable information that our business partners share with us.

This policy does not apply to the practices of nonaffiliated of our mobile home community.

Information Collection and Use:

We collect nonpublic personal information about you from the following sources:

Information we receive from you on application or other forms.

Information about your transactions with us, our affiliates, or others.

Information we receive from a consumer-reporting agency.

Information Sharing and Disclosure:

We do not disclose any nonpublic personal information about our tenants or former tenants to anyone, except as permitted by law.

Confidentiality and Security:

We restrict to nonpublic personal information about you to those companies who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

Written consent, signed by you, must be received by Park Management before any information will be released.

By signing below, I acknowledge that PALM SHADOWS MOBILE HOME & RV RESORT has provided me with a copy of this Privacy Policy.

Signature: _____ Date: _____

Signature: _____ Date: _____