

St. Augustine RV Park, LLC.
3575 US-1 South
St. Augustine, FL 32086
(904) 788-4570

RENTAL APPLICATION

Name: (Last) _____ (First) _____ (Middle) _____

Social Security Number: _____

Date of Birth: _____ Phone: _____ Email: _____

Driver's License #: _____ State: _____

List names of all other people who will be living with you at St. Augustine RV Park:

Pet: _____ Type: _____ (See restrictions in Rules and Regulations)

Employer: _____ Employer Phone Number: _____

Part Time [] Full Time [] (Check One)

Present Address: _____

Reason For Leaving Current Address: _____

Owner/Agent/Manager: _____ Phone: _____

RV Information: Make _____ Model _____ Year _____

Length: _____ Amp: _____

Automobile: Make: _____ Color: _____ Year: _____

License Plate Number: _____ State: _____

Notify in case of Emergency: _____

Phone: _____ Relationship: _____

Have you ever been convicted of any criminal offense? _____ (Yes/No)

If yes, please explain: _____

Have you ever received a request to vacate or been evicted in the last 5 years? _____ (Yes/No)

Are you required to register as a Registered Sex Offender in any state? _____ (Yes/No)

APPLICANT REPRESENTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND HEREBY AUTHORIZES INVESTIGATION AND VERIFICATION OF INFORMATION SUPPLIED BY APPLICANT VIA METHODS TO INCLUDE BACKGROUND CHECK, CREDIT REFERENCES, AND PERSONAL REFERENCES. BY COMPLETING THIS FORM, YOU ARE STATING THAT YOU AGREE WITH THE ANSWERS PROVIDED. THE ONLY ANSWERS THAT YOU WILL RECEIVE IS PASS OR FAIL. YOU ARE SUBJECT TO EVICTION IF YOU FALSIFY INFORMATION ON YOUR APPLICATION.

Applicant's Signature: _____ Date: _____