OAK DELL RV PARK
NEW APPLICANT / MONTH TO MONTH APPLICATION

Hello and thank you for applying to become a resident in our park.

In order to be considered for a month to month site in our park, the following application must be filled out accurately for all future residents. This must include any children, vehicles, and pets.

Please be advised when turning in application for consideration, we must have the following information:

1. **Valid copies of one months most recent paycheck stubs, for verification of income.**
2. **Picture ID or Valid Drivers License for all applicants over 17.**

***Background and/or credit checks must be performed on all potential adult residents.**

After completing the application:
Email to manager@oakdellpark.com, or
schedule an appointment to bring it by the office: (408)779-7779

- **$500 Security Deposit**
- **Monthly sites start at $1400 + Electric**
- **Price increases ($50per) for anything over 2 residents or vehicles**
  ex: 3-people 3-vehicles $1400+$50+$50=$1500(per month)
- **Full hook ups at each site.**
- **Propane available for purchase on site**
- **Internet available for purchase through Hankins Information Technology To get connected call(408)713-0778**
- **Most sites are 30 Amp**
- **Pets welcomed on approved basis only**
- **Laundry facilities – coin operated**
- **Mens and Womens restrooms/showers – coin operated**
- **24 Hour Video Surveillance**
- **Mailbox**

We have a beautiful natural setting, clean and safe facilities, and friendly neighbors. We look forward to meeting with you!
Park Management

MONTH TO MONTH TENANT APPLICATION

MAIN APPLICANTS:

1) NAME _____ EMAIL _____ PHONE _____

2) NAME _____ EMAIL _____ PHONE _____

ADDITIONAL OCCUPANTS:

NAME _____ DOB _____

NAME _____ DOB _____

MAIN APPLICANT #1:

DOB _____ ALTERNATE PHONE NUMBER _____

PRESENT ADDRESS: _____

RV PARK NAME: _____

PARK MANAGER AND PHONE # _____

HOW LONG AT RESIDENCE: _____

PRESENT EMPLOYER: _____

MANAGER NAME/NUMBER: _____

HOW LONG EMPLOYED WITH COMPANY: _____

GROSS MONTHLY INCOME: _____

SECONDARY/OTHER INCOME: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY: _____

ARE YOU ON FELONY PROBATION: _____

MAIN APPLICANT #2:

DOB_____ **ALTERNATE PHONE NUMBER** _____

PRESENT ADDRESS:_____

RV PARK NAME:_____

PARK MANAGER AND PHONE #_____

HOW LONG AT RESIDENCE:_____

PRESENT EMPLOYER:_____

MANAGER NAME/NUMBER:_____

HOW LONG EMPLOYED WITH COMPANY:_____

GROSS MONTHLY INCOME:_____

SECONDARY/OTHER INCOME:_____

HAVE YOU EVER BEEN CONVICTED OF A FELONY:_____

ARE YOU ON FELONY PROBATION:_____

RV INFORMATION:

30 OR 50 AMP _____ **CIRCLE TYPE OF RV: Class A / Class C / 5th Wheel / Trailer**

RV MFG NAME/MODEL:_____

YEAR OF RV:_____ **RV LENGTH/FEET:**_____

HOW MANY SLIDES/POP OUTS:_____

RV MONTHLY PAYMENT AMOUNT:_____

INSURANCE NAME:_____

INSURANCE MONTHLY PAYMENT AMOUNT:_____

WORKING CONDITION:_____

NEEDED REPAIRS ON RV:_____

- **NO RVS WITH BROKEN WINDOWS OR VISIBLE REPAIRS ALLOWED**

VEHICLE #1 INFORMATION:

MAKE/MODEL _____ **LICENSE PLATE#** _____

YEAR OF VEHICLE: _____ **REGISTRATION EXP DATE:** _____

MONTHLY PAYMENT: _____ **INSURANCE CO:** _____

WORKING CONDITION: _____

VEHICLE #2 INFORMATION:

MAKE/MODEL _____ **LICENSE PLATE#** _____

YEAR OF VEHICLE: _____ **REGISTRATION EXP DATE:** _____

MONTHLY PAYMENT: _____ **INSURANCE CO:** _____

WORKING CONDITION: _____

- **PROVIDE COPIES OF REGISTRATION AND INSURANCE FOR ALL VEHICLES**
- **NO LOUD VEHICLES WITH ANY BROKEN WINDOWS OR NON OPS ALLOWED**
- **MUST IMMEDIATLY NOTIFY (WITH ALL INFORMATION) FOR ANY NEW VEHICLE OR ANY VEHICLE CHANGES**

ADDITIONAL VEHICLES:

- **ANY ADDITIONAL VEHICLES, TRAILERS, MOTORBIKES, BOATS, OR ANY OTHER VEHICLE, MUST HAVE PRIOR AUTHORIZATION FROM MANAGER AND MUST BE PARKED IN ASSIGNED SITE ONLY.**

PERSONAL/BUSINESS REFERENCES:

1. NAME: _____ **PHONE:** _____

HOW LONG KNOWN: _____

PERSON IS PERSONAL OR BUSINESS REFERENCE: _____

WOULD THEY RECOMMEND YOU AS A GOOD TENANT: _____

2. NAME: _____ **PHONE:** _____

HOW LONG KNOWN: _____

PERSON IS PERSONAL OR BUSINESS REFERENCE: _____

WOULD THEY RECOMMEND YOU AS A GOOD TENANT: _____

PET INFORMATION:

- COPY OF DOG OR CAT LICENSE (PER COUNTY SECTION B31-34&56)
- PROVIDE PROOF OF UP TO DATE PET VACCINATIONS
- PROVIDE CURRENT PHOTO WHEN SUBMITTING APPLICATION
- MUST SIGN PET AGREEMENT BEFORE APPROVING ANY PET

- EXCESSIVE BARKING OR AGGRESSIVENESS WILL NOT BE TOLERATED
- PET(S) MUST BE ABLE TO STAY IN RV WHILE AWAY WITHOUT BARKING
- YOU MUST PICK UP ALL MESSES YOUR PET MAKES ON A DAILY BASIS
- YOU MUST FOLLOW ALL PARK RULES REGARDING PETS (AGREEMENT)

PET#1 _____

PET NAME: _____ BREED: _____

AGE OF PET: _____ LICENSE # _____

SPAYED/NEUTERED: _____ FRIENDLY: _____

PET#2 _____

PET NAME: _____ BREED: _____

AGE OF PET: _____ LICENSE # _____

SPAYED/NEUTERED: _____ FRIENDLY: _____

THANK YOU AGAIN FOR YOUR INTEREST IN
OAK DELL RV PARK

PLEASE MAKE SURE TO BRING OR SEND ALL INFORMATION
NEEDED WHEN DROPPING OFF OR EMAILING THE APPLICATION

FINAL AGREEMENT:

EACH APPLICANT MUST SIGN EACH OF THE FOLLOWING:

I/WE, HEREBY AUTHORIZE OAK DELL RV PARK TO OBTAIN A CURRENT CREDIT AND PERSONAL BACKGROUND CHECK TO VERIFY ALL INFORMATION IS TRUE AND CORRCT AS STATED ON THIS APPLICATION.

_____

I/WE, HEREBY AUTHORIZE OAK DELL RV PARK TO CONTACT ANYONE LISTED ABOVE, IN ORDER TO VERIFY ALL STATEMENTS ON APPLICATION, FOR ACCEPTANCE INTO OAK DELL RV PARK.

_____

I/WE, HEREBY AGREE THAT ANY AND ALL INFORMATION LISTED ABOVE IS TRUE AND CORRECT.

_____

I/WE, AGREE THAT ANY FALSE INFORMATION LISTED ABOVE IS GROUNDS FOR DENIAL OF TENANCY AND / OR IMMEDIATE EVICTION.

_____

I/WE, HAVE READ AND AGREE TO FOLLOW ANY AND ALL OF OAK DELL RV PARKS RULES AND REGULATIONS, AS GIVEN A COPY BY PARK MANAGEMENT.

_____

I/WE, UNDERSTAND THAT IF TENANTS MONTH TO MONTH RENTS ARE NOT PAID OR IF PARK RULES ARE NOT FOLLOWED THAT I/WE, WILL BE NOTIFIED AND SERVED BY LEGAL NOTICE, OF DATE OF EVICTION, WITH THE LEGAL TIME LIMITS, FROM OAK DELL RV PARK.

_____

MAIN APPLICANT SIGNATURE:_____

SECONDARY APPLICANT SIGNATURE:_____

DATE OF APPLICATION:_____

OFFICE USE ONLY

DATE RECEIVED:_____ **RECEIVED BY:**_____

DATE OF INTERVIEW:_____ **INTERVIEWED BY:**_____