

# Desert Springs RV Resort

PO Box 519, 4117 E. Fleet Street, Littlefield, AZ 86432 – 928-347-5677 info@dsresort.com

## RESIDENT INFORMATION AND RESIDENCY APPLICATION

(Required for stays exceeding 30 days billed at the monthly rate. Background checks are required for leases exceeding 180 days.)

**PRIMARY APPLICANT:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**CO-APPLICANT:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ADDITIONAL OCCUPANTS:** How many will occupy the home or RV site? \_\_\_\_\_

List any additional individuals who will be occupying the home. (Adults (18+) must submit a completed application.)

NAME	RELATIONSHIP TO PRIMARY APPLICANT	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Have you or ANY member of your household INCLUDING BUT NOT LIMITED TO JUVENILES:

- 1. **EVER** plead 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. Is there a current warrant for you or **ANY** other member of your household's arrest? YES \_\_\_ NO \_\_\_
- 4. Currently involved in **ANY** criminal activity? YES \_\_\_ NO \_\_\_
- 5. **EVER** been evicted or had an eviction action filed against you? YES \_\_\_ NO \_\_\_
- 6. **EVER** moved to avoid eviction or because of problems with other tenants or a landlord? YES \_\_\_ NO \_\_\_
- 7. **EVER** filed for bankruptcy? YES \_\_\_ NO \_\_\_

Explain **ALL** "YES" answers IN DETAIL. For all criminal convictions, you must provide the dates of conviction, type/classification of offense (misdemeanor or felony), name of offense, sentence imposed, and date of completion of sentence. Also **include any Mitigating Circumstances regarding any conviction that you would like Management to consider.** For any bankruptcy, please provide dates of filing. Attach extra page if necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## RV INFORMATION

Type (Check one):     Mfg Home     Park Model     Motorhome     5<sup>th</sup> Wheel     Travel Trailer

Make/Model: \_\_\_\_\_ Size: \_\_\_\_\_ Year: \_\_\_\_\_

VIN/Serial Number: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

(RV's must be RVIA certified and in good repair with no fluid leaks. Over 15-years-old requires management approval.)

Space/Lot Desired: \_\_\_\_\_ Desired Move-in Date: \_\_\_\_\_ Lease Term: \_\_\_\_\_

## PETS

Will there be any pets in the dwelling unit:     YES     NO    List information for all pets residing at the home site:

Name	Type/Breed	Weight	License #	Color
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## VEHICLES

How many vehicles do you plan to park at home site? \_\_\_\_\_ List information for vehicles parked at home site:

Make	Model	Year	Color	License#	State Registered	Exp. Date
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## **PLEASE READ CAREFULLY**

Applicants jointly represent that all of the above statements are true and complete, and hereby authorizes verification, now and in the future, of the above information, references, and credit records. Applicants acknowledge that ANY false information contained herein constitutes grounds for rejection of this application if discovered before move-in, and grounds for termination of tenancy if discovered after move-in. Management reserves the right to verify application information after 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Dated

Please provide copies of government issued ID for all adult household members and state registration documents for your RV when returning this paperwork. **Omission will delay processing of your application.**



Desert Springs RV Resort is an Equal Housing Opportunity Provider.