

APPLICATION FOR RESIDENCY  
EL DORADO ESTATES (Effective July 1, 2023)

SPACE NUMBER \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

PLEASE PRINT AND ANSWER ALL QUESTIONS

**SECTION 1            APPLICANT WITH FINANCIAL RESPONSIBILITY**

Full Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status \_\_\_\_\_ Email Address \_\_\_\_\_@\_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Residential Home \_\_\_\_\_ Manufactured Home \_\_\_\_\_

Landlord/Mortgage Holder Name \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Landlord/Mortgage Holder Address \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Monthly payment \_\_\_\_\_

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Previous Address (If less than 5 years at current address)

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Residential Home \_\_\_\_\_ Manufactured Home \_\_\_\_\_

Landlord/Mortgage Holder Name \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Landlord/Mortgage Holder Address \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Monthly payment \_\_\_\_\_

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**SECTION 1 A            CO-APPLICANT WITH FINANCIAL RESPONSIBILITY**

Full Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status \_\_\_\_\_ Email Address \_\_\_\_\_@\_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Residential Home \_\_\_\_\_ Manufactured Home \_\_\_\_\_

Landlord/Mortgage Holder Name \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Landlord/Mortgage Holder Address \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Monthly payment \_\_\_\_\_

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Previous Address (If less than 5 years at current address)

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Residential Home \_\_\_\_\_ Manufactured Home \_\_\_\_\_

Landlord/Mortgage Holder Name \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Landlord/Mortgage Holder Address \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Monthly payment \_\_\_\_\_

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**SECTION 2 OTHER OCCUPANTS**

List below the names of all other persons (in addition to applicant and co-applicant listed above) who will regularly occupy the premises. Background checks will be performed but additional occupants will not be financially responsible. Occupancy is restricted to individuals listed.

**Full Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number** \_\_\_\_\_

Address: \_\_\_\_\_

**Full Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number** \_\_\_\_\_

Address: \_\_\_\_\_

**Full Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number** \_\_\_\_\_

Address: \_\_\_\_\_

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**SECTION 3 EMPLOYMENT OF APPLICANT**

Employers Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ Annual Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**If less than 5 years at current employment, provide previous employer information**

Previous Employers Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ Annual Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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**SECTION 3 A EMPLOYMENT OF CO-APPLICANT**

Employers Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ Annual Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**If less than 5 years at current employment, provide previous employer information**

Previous Employers Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ Annual Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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**SECTION 4 OTHER INCOME**

Please indicate source and amount of any other verifiable income you wish to have considered as a basis for qualifying this application.

Source _____	Amount _____	Phone Number _____	Verified by _____
Source _____	Amount _____	Phone Number _____	Verified by _____

**SECTION 5 OTHER FINANCIAL OBLIGATIONS**

Please indicate other monthly financial obligations.

Insurance – Auto _____	Insurance – Health _____
Insurance – Life _____	Insurance – Home/Renter _____
Internet, Cable TV _____	Phone, Cell Phone _____
Auto Loan(s) _____	Credit Card(s) _____

**SECTION 6 AUTOMOBILES/OTHER VEHICLES**

Please provide information for all automobiles, trucks, RV's, boats, motorcycles that will be parked at your homesite, or stored in EL DORADO ESTATES RV lot. (Storage space may be available for your RV's, boats and excess vehicles for an additional cost in the RV lot)

Make	Model	Year	Color	License Plate #	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**SECTION 7 REFERENCES - NOT RELATED TO YOU**

Personal Reference Name _____	Phone Number (____) ____ - _____
Personal Reference Name _____	Phone Number (____) ____ - _____
Personal Reference Name _____	Phone Number (____) ____ - _____

**SECTION 8 PETS**

Domestic house pets of appropriate size are permitted in this Community. Pets are limited to two (2) domestic house pets only, defined as dogs, cats and birds. Please provide information for any pets that will be living with you. A photo must be provided to management for each pet residing with you.

Type	Breed	Sex	Spayed/Neutered	Color	Age
_____	_____	F ___ M ___	Yes ___ No ___	_____	_____
_____	_____	F ___ M ___	Yes ___ No ___	_____	_____

**SECTION 9 EMERGENCY INFORMATION**

In case of emergency, please provide information on one family member and one other emergency contact.

Family Member Name _____	Relationship _____
Street Address _____	Phone Number (____) ____ - _____
City _____ State _____	Cell Phone (____) ____ - _____

Other Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**SECTION 10 GENERAL INFORMATION**

Have you ever lived in a manufactured home community before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why did you leave? \_\_\_\_\_

Do you now? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, in what community? \_\_\_\_\_

If yes, address of community \_\_\_\_\_

Section 9 cont'd

Has any applicant, co-applicant or other occupants used any other names?

Name \_\_\_\_\_ Other names used \_\_\_\_\_

Name \_\_\_\_\_ Other names used \_\_\_\_\_

Name \_\_\_\_\_ Other names used \_\_\_\_\_

Name \_\_\_\_\_ Other names used \_\_\_\_\_

Name \_\_\_\_\_ Other names used \_\_\_\_\_

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**SECTION 11 ADDITIONAL INFORMATION**

Please provide any other information that will help us evaluate your application.

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

Has anyone on this application that will be living in the home been charged or convicted of any misdemeanors or felonies other than parking tickets? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_ What for? \_\_\_\_\_

When? \_\_\_\_\_ Where? (City, County & State) \_\_\_\_\_

If yes, who? \_\_\_\_\_ What for? \_\_\_\_\_

When? \_\_\_\_\_ Where? (City, County & State) \_\_\_\_\_

(If more room is needed please attach another sheet with information)

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**SECTION 12 AUTHORIZATION AND DISCLAIMER**

In order to process this application, copies of two pieces of identification, such as a driver's license with photo and a Social Security card must be provided for applicant and co-applicants.

Applicant Identification \_\_\_\_\_

Co-Applicant Identification \_\_\_\_\_

CONFIRMATION OF INTENT TO OCCUPY

I/WE HEREBY CONFIRM THAT IT IS MY/OUR INTENTION TO BE A RESIDENT(S) OF THE HOME LOCATED AT SPACE \_\_\_\_\_. I/WE UNDERSTAND THAT THIS HOME WILL BE OCCUPIED BY THE PERSONS LISTED ON THIS APPLICATION. I/WE UNDERSTAND THAT THERE WILL BE NO SUB-LEASING. I/WE UNDERSTAND THAT BEFORE ANY OTHER OCCUPANTS MOVE INTO MY/OUR HOME, THEY WILL BE REQUIRED TO BE APPROVED AND ACCEPTED AS A RESIDENT OF THE COMMUNITY.

I/WE HEREBY AUTHORIZE EL DORADO ESTATES AND ITS AFFILIATES OR MANAGEMENT TO OBTAIN A CONSUMER CREDIT REPORT AND COMPLETE A BACKGROUND CHECK ON ANY AND ALL APPLICANTS AND ADDITIONAL OCCUPANTS AS DEEMED NECESSARY FOR THE PURPOSE OF EVALUATING THIS APPLICATION. I/WE UNDERSTAND THAT SUCH INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, CREDIT HISTORY, CIVIL AND CRIMINAL INFORMATION, RECORDS OF ARREST, RENTAL HISTORY, EMPLOYMENT AND SALARY DETAILS, VEHICLE RECORDS, LICENSING RECORD AND/OR ANY OTHER INFORMATION THAT WILL PROVIDE BASIS FOR APPROVING RESIDENCE TO KEEP OUR COMMUNITY SAFE.

AS AN APPLICANT(S) I/WE REPRESENT THAT THE ABOVE STATEMENTS ARE CORRECT AND COMPLETE AND THAT I/WE INTEND THAT EL DORADO ESTATES AND ITS AFFILIATES AND MANAGEMENT RELY ON THESE STATEMENTS IN THEIR DETERMINING WHETHER TO RENT A HOMESITE IN THE COMMUNITY TO ME/US. I/WE AGREE THAT I/WE HAVE NO RIGHT TO OCCUPY A HOME OR HOMESITE IN THE COMMUNITY UNTIL AND UNLESS THIS APPLICATION IS APPROVED, A RENTAL AGREEMENT HAS BEEN SIGNED AND I/WE HAVE MADE NECESSARY INITIAL PAYMENTS. I/WE UNDERSTAND THAT ANY MISREPRESENTATION ON THIS APPLICATION MAY BE CAUSE FOR TERMINATION OF THE RENTAL AGREEMENT AND/OR NON-ACCEPTANCE OF THIS APPLICATION.

Applicant Name – Please Print \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Name – Please Print \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

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FOR MANAGEMENT USE ONLY

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Date Application Received \_\_\_\_\_ Date submitted to RentSpree \_\_\_\_\_

Date RentSpree completed by Applicant and Co-Applicant \_\_\_\_\_, \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Management Signature \_\_\_\_\_