APPLICATION

Hideaway Resort

357 Charter Oaks Drive

Canyon Lake, TX 78133

DATE:

FIRST

NAME: MIDDLE LAST:

Mailing Address:

City: State: Zip:

Phone: Cell Phone:

Email: Email of Spouse/Partner:

Driver’s License #: State Social Security #:

Date of Birth:

Birth City and State:

**Co-applicant: Spouse/Partner**

Spouse/Partner Name: First Middle Last

Spouse/Partner Date of Birth:

Spouse/Partner Birth City and State:

Spouse Maiden Name:

Other names used: NONE

 Circle NONE if you or spouse/partner/other occupant have not used other names

Spouse/Partner Driver License #: State: Social Security #:

**OTHER OCCUPANTS:**

List below all other persons who you consent to occupy your RV Campsite: (not including occasional guests)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NAME: |  | AGE: |  | RELATIONSHIP: |  | SS # |  |
| NAME: |  | AGE: |  | RELATIONSHIP: |  | SS # |  |
| NAME: |  | AGE: |  | RELATIONSHIP: |  | SS # |  |
| NAME: |  | AGE: |  | RELATIONSHIP: |  | SS # |  |

RENTAL/RESIDENCE HISTORY

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Current Residence** | **Previous Residence** | **Prior Residence** |
| **Street Address** |  |  |  |
| **City** |  |  |  |
| **State & Zip** |  |  |  |
| **Last Rent Amount Paid** |  |  |  |
| **Owner/Manager and Phone Number** |  |  |  |
| **Reason for leaving** |  |  |  |
| **Is/Was rent paid in full?** |  |  |  |
| **Did you give notice?** |  |  |  |
| **Were you asked to move?** |  |  |  |
| **Name(s) in which your utilities are now billed** |  |  |  |
|  | **From/To** | **From/To** | **From/To** |
| **Dates of Residency** |  |  |  |

EMPLOYMENT HISTORY

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Current Employment** | **Previous Employment** | **Prior Employment** |
| **Employed By** |  |  |  |
| **Address** |  |  |  |
| **Employer’s Phone** |  |  |  |
| **Occupation** |  |  |  |
| **Name of Supervisor** |  |  |  |
| **Monthly Gross Pay** |  |  |  |
|  | **From/To** | **From/To** | **From/To** |
| **Dates of Employment** |  |  |  |

VEHICLES (Include vehicles belonging to other proposed occupants also

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Make** | **Model** | **Color** | **Year** | **License Plate** |
|  |  |  |  |  |
|  |  |  |  |  |

*PLEASE PRINT*

**REFERENCES & EMERGENCY CONTACTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Doctor** | **Personal Reference Non-family** | **Nearest Relative Living Elsewhere** |
| **Name** |  |  |  |
| **Street Address** |  |  |  |
| **City** |  |  |  |
| **State & Zip** |  |  |  |
| **Phone Number** |  |  |  |
| By signing the application, you grant us permission to communicate with all the contacts listed in this section in the event we can’t locate you. Furthermore, if you abandon the site for any reason then you grant us permission to allow your contact listed above to remove all contents on your behalf. |

GENERAL INFORMATION

|  |  |  |
| --- | --- | --- |
| **Have you ever been served a late rent notice?** | **Do any of the people who would be living in the RV smoke?** | **How long do you think you would be renting from us?** |
|  |  |  |
| **Have you ever filed for bankruptcy? If so, when?** | **When would you be able to move in?** | **Have you ever been convicted of a felony?** |
|  |  |  |
| **Have you ever been served an eviction notice: If so, when?** | **Has anyone who will be in living in your RV ever been convicted of a felony?** |
|  |  |
| **Have you had any reoccurring problems with your current lease or landlord? If yes, please explain:** |
|  |
| **Why are you moving from your current address:** |
|  |
| **List any verifiable sources and amounts of income you wish to have considered (optional):** |
|  |
| **Have you been a party to a lawsuit in the past? If yes, please explain why:** |
|  |
| **We may run a credit check and a criminal background check. Is there anything negative we will find that you want to comment on?** |
|  |

**RV Information:**

**List the RV to be parked on site:**

Type of RV: Circle One: Travel Trailer Motor home Fifth Wheel Pop Up.

Length: Electric Amps # of slide outs:

Year: License No: State:

**If your RV is over 10 years old? Circle One: YES NO**

**Note: All RV’s beyond 10 years of age, pictures of all four sides must be submitted approved by Hideaway management.**

**PETS**

Will pets be staying on the site: Circle one: YES NO

How many \_\_\_\_\_\_\_\_\_\_\_\_

List the names of each pet, breed, approximate weight and last vaccination date. This information is necessary so that we can help locate your pet if he/she strays and to help insure the safety of other park users and of your own pets.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NAME |  | BREED |  | WEIGHT |  | VAC DATE |  |
| NAME |  | BREED |  | WEIGHT |  | VAC DATE |  |

**ACKNOWLEDGMENTS**

The information contained in this application is correct to the best of my knowledge. I understand that any omission of material fact on this application may be grounds for rejection of the application. Furthermore, I authorize an investigation by Hideaway of my credit, tenant history, criminal history and employment.

I understand that my participation and involvement in Hideaway carries with it the potential for certain risks, some of which may not be reasonably foreseeable. I further acknowledge that these risks could cause me, or others around me, harm including but not limited to, bodily injury, damage to property, emotional distress, or death. By signing this application, I agree to release, indemnify and hold harmless Hideaway, as well as all of its employees, agents, representatives, successors, etc. from all losses, claims, theft, demands, liabilities, causes of action, or expenses, known or unknown, arising out of activities at Hideaway.

|  |  |  |  |
| --- | --- | --- | --- |
| APPLICANT SIGNATURE: |  | DATE: |  |
| CO-APPLICANT SIGNATURE: |  | DATE: |  |

**B2 Hideaway, LLC**

|  |  |  |  |
| --- | --- | --- | --- |
| Inspected by |  | DATE: |  |

RV Approved: Circle one YES NO