

## Ingram Lake RV Park Guest Form

*This RV Park does not discriminate on the basis of race, sex, religion, nationality, disability, age, veteran's status or any other classification protected by law.*

Date: \_\_\_\_\_

Estimated Arrival Date: \_\_\_\_\_

### General Information:

Name: \_\_\_\_\_

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

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

Telephone at Present Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

*(please attach copy of driver's license for verification purposes)*

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

List name, age and relationship of all other persons authorized (Other Occupants) to occupy the recreational vehicle:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Employment History (Primary Guest Only):

Name & Address of Present Employer: \_\_\_\_\_

Position Held with Present Employer: \_\_\_\_\_

Length of Employment with Present Employer: \_\_\_\_\_

Supervisor's Name and Telephone Number: \_\_\_\_\_

Work Number and Fax Number: \_\_\_\_\_

### Rental/Criminal History (Primary Guest and all Other Occupants):

#### Primary Guest:

Name & Address of Present Landlord: \_\_\_\_\_

Telephone No. of Present Landlord: \_\_\_\_\_ Date Moved In: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_

Name & Address of Previous Landlord (immediately prior to Present Landlord): \_\_\_\_\_

Telephone No. of Prior Landlord: \_\_\_\_\_ Date Moved In: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_

#### Other Occupants:

Name & Address of Other Occupants: \_\_\_\_\_

Telephone No. of Other Occupants: \_\_\_\_\_

Has either Primary Guest or any Other Occupant(s) (listed above) ever (check if applicable):

\_\_\_\_\_ Been evicted or asked to move out?

\_\_\_\_\_ Broken a rental agreement or lease contract?

\_\_\_\_\_ Been or are currently delinquent to a previous landlord?

\_\_\_\_\_ Received deferred adjudication for a Felony?

\_\_\_\_\_ Been convicted of a Felony?

### Vehicles:

List all vehicles to be parked on property:

Type of RV: \_\_\_\_\_ Length: \_\_\_\_\_ Year: \_\_\_\_\_ License No. \_\_\_\_\_ State: \_\_\_\_\_

Slideout(s)? \_\_\_\_\_ Yes or \_\_\_\_\_ No If yes, how many: \_\_\_\_\_

Any lien(s) on the RV \_\_\_\_\_ Yes or \_\_\_\_\_ No If yes, list the name and address of lienholder(s) \_\_\_\_\_

Make of vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ License No. \_\_\_\_\_ State: \_\_\_\_\_

Make of vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ License No. \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Initials

**Emergency:**

In case of emergency, notify:

Name: \_\_\_\_\_ Home Ph. No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Ph. No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Pets:**

Will a pet be staying on the site: \_\_\_\_\_ yes \_\_\_\_\_ no.  
If yes, please list the type, breed and weight of pet: \_\_\_\_\_

**\*\*\* ALL BLANKS MUST BE FILLED IN WITH REQUESTED INFORMATION**

The undersigned Primary Guest, and all Adult Other Occupants represent that all of the above information is true and complete and authorize the verification of same by any means. Primary Guest and all Adult Other Occupants acknowledge that an investigative consumer report including information as to the character, general reputation, mode of living, whichever is applicable, may be made. Anyone on which a consumer report is made has the right to request additional disclosures and a written summary of the rights of a consumer under the Fair Credit Reporting Act. False information given shall entitle RV Park to: (1) reject this application; (2) retain the deposit in accordance with the site rental agreement; and (3) terminate Primary Guest's right of occupancy in accordance with the site rental agreement. False information may also constitute a serious criminal offense under the laws of this State.

Dated effective as of the date written below.

**Primary Guest:**

**RV Park:**

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Adult Other Occupant(s):**

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**FAX TO** \_\_\_\_\_

**MAIL TO** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Initials