

Rock Shadows RV Resort

Residency Application Information & Checklist for New Residents

Date: _____ Name: _____ Site#: _____

The following Items must be submitted with your application for residency:

Please Check One: Purchase Rental

- Please note that payment in full is required for the Annual (12) twelve month Rent, plus tax, before application will be processed. Accepted Form of payment is: **Checks only, US FUNDS.**
- If you are renting a unit from the Park, payment in full for entire stay plus tax & utility fees will be required before you may occupy the unit.
- If renting a unit from a private party, a **non-refundable administrative fee of \$51.10** (\$50.00 + 1.10 tax) will be required before application will be processed.
- The following **non-refundable** charges apply for processing applications for residency: **\$81.76 per person** (\$80.00 + 1.76 tax).
- I/We are exempt from application fees(s) because I/We have completed an application for residency, paid application fee(s) and received approval from Rock Shadows RV Office within the past three (3) years prior to today's date.
- If claiming exemption from Application fee(s) please provide the site # of home that you resided in and completed the Application For Residency, within the past (3) Three Years. You must have received approval from Park Office for the exemption to be valid. **Space you received approval for # _____** Please note if you do not know the Space number that you resided in you will have to pay another application fee.
- Legible Copies of Valid Driver License(s) or Other Legal ID must be submitted with application.**
- A complete & signed Application for Residency, even if you are claiming exemption from payment of application fee must be delivered to park office to start application process. **Do Not Leave Any Blank Lines.**
- If you are Buying or Selling a home you must deliver a copy of your bona-fide offer to purchase home with space #, selling price, VIN #, Make, Year & Size.**

ATTENTION: ALL OF THE ABOVE ITEMS MUST BE RECEIVED BY PARK OFFICE IN ORDER TO BEGIN THE APPLICATION PROCESS. YOU MAY NOT RESIDE IN ROCK SHADOWS RV RESORT PRIOR TO OBTAINING APPROVAL FROM ROCK SHADOWS RV RESORT OFFICE.

Prospective Resident
Signature

Prospective Resident
Signature

I /We _____, do hereby Authorize Rock Shadows
Prospective Resident's Name(s)

to receive a copy of my/our credit report(s) as well as any and all background information available.

Date

Prospective Resident's Signature

Date

Prospective Resident's Signature

NON-REFUNDABLE APPLICATION FEE: \$81.76 PER PERSON

Pursuant to State and Federal Fair Credit Reporting Acts, this is to inform you that an investigation involving the statements made on your rental application of the above mentioned community, as well as inquiries regarding public records, your character, general reputation, personal characteristics and mode of living may be initiated. You have the right to dispute information reported. Upon written request, you are entitled to a complete and accurate disclosure of the investigation's nature and scope as well as a written summary of your rights and remedies under the Fair Credit Reporting Act. Inquiries should be directed to Resident Data, Inc., PO Box 850454, Richardson, TX 75085-0454. We certify that, to the best of my/our knowledge, all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction. I/We authorize Resident Data, Inc. to obtain all reports and verifications necessary to verify all information put forth in the above application and to furnish all information to the management of Rock Shadows.

Rock Shadows RV Resort 600 S. Idaho Road, Apache Junction, AZ 85119

Lot # _____

Park Manager _____
Estimated Move-in Date: _____

Current Home Owner _____
Estimated Departure Date: _____

APPLICANT INFORMATION

PRIMARY:

Name: _____ Phone _____
(Last) (First) (MI) (Home) (Cell)
Current Address: _____
(Street Address) (City) (State) (Zip)

Marital Status Single _____ Married _____ Maiden Name _____ Separated _____ Birth Date _____

SS#/SIN: _____ Driver's License #: _____

EMAIL ADDRESS: _____

SPOUSE:

Name: _____ Phone _____
(Last) (First) (MI) (Home) (Cell)
Current Address: _____
(Street Address) (City) (State) (Zip)

Marital Status Single _____ Married _____ Maiden Name _____ Separated _____ Birth Date _____

SS#/SIN: _____ Driver's License #: _____

OTHER OCCUPANT:

Name: _____ Phone _____
(Last) (First) (MI) (Home) (Cell)
SS# _____ Birth Date _____

NEAREST RELATIVE:

Name: _____ Phone _____
(Last) (First) (MI) (Home) (Cell)
Current Address: _____
(Street Address) (City) (State) (Zip)

EMERGENCY CONTACT (other than above)

Name: _____ Phone _____
(Last) (First) (MI) (Home) (Cell)
Current Address: _____
(Street Address) (City) (State) (Zip)

VEHICLE DESCRIPTION

Vehicle #1 Make _____ Model _____ Year _____ License _____ State _____

Vehicle #2 Make _____ Model _____ Year _____ License _____ State _____

PETS:

Do you have a pet in the home? Yes _____ No _____ If Dog, what breed? _____

Qualifying Question:

1. Have you or your spouse ever been evicted from rental housing? If yes, list state Yes _____ No _____ State _____
2. Will there be any other occupants over 21 years of age than those listed above? Yes _____ No _____

EQUAL HOUSING OPPORTUNITY

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

Future Resident Signature _____

Date _____

Future Resident Signature _____

Date _____

Home Owners and Renters

AGREEMENT TO COMPLY WITH THE RULES AND REGULATIONS

I/We acknowledge that I/We have received a copy of the Rules & Regulations of Rock Shadows RV Resort, Dated April 25, 2008. I/We agree to abide by the terms and conditions of these Rules & Regulations. I/We understand that non-compliance with any of the above could be cause for my/our eviction from the property and/or legal action for collection of funds owed or other damages. I/We have read, understand and agree specifically with paragraph 26 of the Rules & Regulations. I/We also agree not to remove our home from Rock Shadows RV Park or to sell our home to anyone who intends to remove the home from Rock Shadows RV Park, without first notifying the Park Manager and complying with all Park Rules & Regulations as stated.

Resident

Resident

Date

Date

Space Number

(_____)_____
Cell Number

(_____)_____
Home Number

ROCK SHADOWS EMERGENCY NOTIFICATION

(In case of an emergency, we need someone to call on your behalf, please list someone other than yourself or spouse).

Name: _____

Address: _____

City, State, Zip: _____

Phone Number(s) : _____

**Rock Shadows RV Resort
Disclosure Statement**

The person(s) authorized to manage the premises is: Voorhees Group, LLC

**The owners of the premises is: Voorhees Group, LLC.
600 S. Idaho Road, Apache Junction, Arizona 85119**

By INITIALING each line below, I have acknowledged that I have received the following:

_____ **The latest copy of the Arizona Recreation Vehicle Long Term Rental Space Act.**

_____ **A disclosure of Management and Ownership of the premises.**

_____ **A current copy of the Rules and Regulations of the premises.**

Resident Signature

Date

Resident Signature

Date

Rock Shadows RV Resort
Ownership Transfer
In regards to Pinal County Treasurer's Office
Property Tax Notices

To be completed only if purchasing a home.

This is to certify that I, _____
Seller(s) Print Name

Have sold my unit on space # _____.

Anniversary Date _____ (Date Rent is Due)

Year _____ Make _____

Size _____ VIN# _____

To: New Owner(s):

Name _____

Address _____

City, State _____

Zip _____

Phone _____

Ownership is to be transferred effective as of _____.
Date of Sale

ROCK SHADOWS AGE 55 COMMUNITY
AGE VERIFICATION FORM

BACKGROUND

In 1995 Congress passed the Housing for Older Persons Act. The Federal Fair Housing Act prohibits discrimination in renting to families with children under eighteen (18) years of age. The 1995 law, however, permits an exception for residential properties (including recreational vehicle communities) that allows for a Senior Status Exemption. If a community qualifies in terms of the ages of its residents, it may declare itself a Seniors Community and thereby legally exclude families with young children.

The law requires documentation to support the Seniors Exemption. To preserve the Seniors Status of your community we ask that you complete this brief questionnaire. Please return it to the office. In order to protect the Seniors Status, we will screen any prospective purchasers of park homes, or subleases.

INFORMATION

Names of Full Time Residents*	Date of Birth	Age	Do you own/rent your RV	Date you moved in park-Month/Year
_____	_____	___	_____	_____
_____	_____	___	_____	_____

*Resident means the person(s) entitled to occupy the RV space under the terms of the Rental Agreement. This includes persons with a valid, approved sublease Agreement; it does not include guests or visitors.

PROOF OF AGE

The law also requires that the community have and enforce effective age verification procedures. To comply with us, we ask that you **attach a copy of the driver's license or other government issued photo ID** issued to one of the residents listed above, showing that resident to be more than 55 years of age.

Thank you for your cooperation.

The undersigned understands and acknowledges that this Park is a "housing for older person" park with minimum age requirements as set forth in its Statements of Policy. The undersigned hereby represents that the person(s) making application to reside in the park meet the age requirements.

Applicant's Signature

Dated

Applicant's Signature

Dated