



10621 Cozaddale Murdoch Road  
Goshen, OH 45122  
513-722-1692

**Applicant Information:**

\_\_\_\_\_  
*Last*                      *First*                      *Middle*                      *Birth Date*

\_\_\_\_\_  
*Social Security Number*                      *Drivers License Number*                      *State*

\_\_\_\_\_  
*Permanent Address*                      *City*                      *Zip*

\_\_\_\_\_  
*Phone Number*                      *Alternant Phone Number*

**Spouse and/or Additional Adult Occupant:**

\_\_\_\_\_  
*Last*                      *First*                      *Middle*                      *Birth Date*

\_\_\_\_\_  
*Social Security Number*                      *Drivers License Number*                      *State*

\_\_\_\_\_  
*Permanent Address*                      *City*                      *Zip*

\_\_\_\_\_  
*Phone Number*                      *Alternant Phone Number*

**Additional Occupants:** Name all other persons who will occupy the premises: A separate application is required for all applicants 18 years or older, except spouse. Additional charges apply.

\_\_\_\_\_  
*Last*                      *First*                      *Middle*                      *Relationship*                      *Age*

\_\_\_\_\_  
*Last*                      *First*                      *Middle*                      *Relationship*                      *Age*

\_\_\_\_\_  
*Last*                      *First*                      *Middle*                      *Relationship*                      *Age*

**Emergency Contact:**

\_\_\_\_\_  
*Relationship*                      *Last*                      *First*                      *Middle*                      *Phone number*

\_\_\_\_\_  
*Address*                      *City*                      *Zip*

**RV Information:** All stationary sites require a RV that is within 12 years of age.

Year RV Type Make/Model Color Length

# of slides RV plate 30/50 AMP

**Pets:** List all pets to be on premises.

Breed Name Age & Color Neutered Declawed

Rabies shot & License #

Breed Name Age & Color Neutered Declawed

Rabies shot & License #

**Address:**

Present RV Park Name & Address

Owner/Manager Phone Number

Date Moved In Move-Out Date

Reason for leaving

Previous RV Park Name & Address

Owner/manager Phone Number

Date Moved In Move-Out Date

Reason for leaving

**Applicant Employment History**

Applicants Current Employer and Address

Supervisors Name Phone

Start Date End Date Gross Monthly Income

Applicants Previous Employer and Address

Supervisors Name Phone

Start Date End Date Gross Monthly Income

**Spouse Employment History**

*Spouse's Current Employer & Address*

*Supervisors Name*

*Phone*

*Start Date*

*End Date*

*Gross Monthly Income*

*Spouses Previous Employer & Address*

*Supervisors Name*

*Phone*

*Start Date*

*End Date*

*Gross Monthly Income*

**Additional Questions: If yes, explain.**

**Yes**

**No**

**Explanation**

- A) Will applicant maintain RV Insurance?
- B) Has applicant ever been evicted?
- C) Been asked to move out by a landlord?
- D) Breached a lease or rental agreement?
- E) Been convicted of a felony?
- F) Registered Sex offender?
- G) Criminal matters pending?


**Reasoning for requesting a full time site:**

*(If application is for seasonal site rental please skip)*

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*Applicant Signature*

*Date*

*Applicant Signature*

*Date*