



APPLICATION FOR RV SITE

Notice: All adult applicants (18 years or older) must complete a separate application for rental.
Application fee of \$40 per adult.

APPLICATION DATE	EST. ARRIVAL DATE	EST. DEPARTURE DATE	REASON FOR APPLICATION (Work, Full Time RV, Selling Home)	
APPLICANT INFORMATION				
LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
BIRTH DATE	HOME PHONE ()	WORK PHONE ()	EMAIL	
CURRENT ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ()	
MONTHLY RENT \$	REASON FOR LEAVING			
PREVIOUS ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ()	
MONTHLY RENT \$	REASON FOR LEAVING			
OTHER OCCUPANTS				
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS (INCLUDING MINORS):				
PETS				
PETS? (LIMIT 2)	DESCRIBE			
EMPLOYMENT & INCOME INFORMATION				
1. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY \$
SUPERVISOR NAME		SUPERVISOR PHONE ()	START DATE	END DATE
2. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY \$
SUPERVISOR NAME		SUPERVISOR PHONE ()	START DATE	END DATE
1. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$
2. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$
EMERGENCY CONTACT				
1. NAME	ADDRESS	PHONE ()	RELATIONSHIP	
2. NAME	ADDRESS	PHONE ()	RELATIONSHIP	
PERSONAL REFERENCES				
1. NAME	ADDRESS	PHONE ()	RELATIONSHIP	
2. NAME	ADDRESS	PHONE ()	RELATIONSHIP	

BACKGROUND INFORMATION

HAVE YOU EVER:	Filed for bankruptcy?	Willfully or intentionally refused to pay rent when due?
	Been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name. <input type="checkbox"/> Yes <input type="checkbox"/> No	

VEHICLE INFORMATION

1. YEAR, MAKE & MODEL OF RV	INSURANCE COMPANY	LICENSE NO. & STATE
2. MAKE & MODEL OF VEHICLE	YEAR	LICENSE NO & STATE
2. MAKE & MODEL OF VEHICLE	YEAR	LICENSE NO. & STATE

****COPIES OF INSURANCE CARD AND INFO FOR RV'S IS REQUIRED**

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY?

PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION

I/we, the undersigned, authorize RentPrep Screening Services LLC, Bean Blossom Bluegrass Inc, Bill Monroe Music Park & Campground, and its agents to obtain an investigative consumer credit report including but not limited to credit history, OFAC search, landlord/tenant court record search, criminal record search and registered sex offender search. I authorize the release of information from previous or current landlords, employers, and bank representatives. This investigation is for resident screening purposes only, and is strictly confidential. This report contains information compiled from sources believed to be reliable, but the accuracy of which cannot be guaranteed. I hereby hold RentPrep Screening Services LLC, Bean Blossom Bluegrass Inc, Bill Monroe Music Park & Campground and its agents free and harmless of any liability for any damages arising out of any improper use of this information.

Important information about your rights under the Fair Credit reporting Act:

- You have a right to request disclosure of the nature and scope of the investigation.
- You must be told if information in your file has been used against you.
- You have a right to know what is in your file, and this disclosure may be free.
- You have the right to ask for a credit score (there may be a fee for this service).
- You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct inaccurate, incomplete, or unverifiable information.

These reports are being processed by RentPrep Screening Services LLC, 1821 Como Park Lancaster, NY 14086. A summary of your rights under the Fair Credit Reporting Act is available by visiting (Para information en espanol, visite o escribe): <http://www.consumerfinance.gov/learnmore> or writing Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552

Applicant agrees to pay a non-refundable application fee of: \$40 per Adult (18+)

 (Signed/Applicant) Date

Criminal and Credit Check Release Form

Date: _____

Property Address: _____

Tenant Name: _____

Social Security No.: _____

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