## **RV SPACE APPLICATION LONG TERM**

## 2 Rivers RV Park

397 Dentville Road Delano TN 37325 423-338-7208

Office Use Only:				
Site Number	Monthly Rate: _		Date Application Received	l:
Arrival Date:	Departure Date:			
Check List:				
Applicant: SS Card	Driver's License	-	Co-Applicant: SS Card _	Driver's License
Application Status: App	oroved:	Denied:	Reason:	
Applicant Information:				
Last:	First:		Middle:	Birth Date:
Social Security No.:		Driver's License	? No.:	State:
Permanent Address:		City:	Zip:	-
Phone No.:		Email:		
Co-Applicant:				
Last:	First:		Middle:	Birth Date:
			· No.:	State:
Social Security No.:		Driver's License		
Social Security No.:  Permanent Address:		Driver's License City:	Zip:	
Permanent Address:  Phone No.:  Additional Occupants: Na	ame all other persons who w buse. Additional charges may	City:  Email: ill occupy the pro		
Permanent Address:  Phone No.:  Additional Occupants: Na		City:  Email: ill occupy the pro	Zip:	
Permanent Address:  Phone No.:  Additional Occupants: Na years or older, except spo	ouse. Additional charges may	City:  Email: ill occupy the pro	<i>Zip:</i> emises: A separate applicatior	is required for all applicants
Permanent Address:  Phone No.:  Additional Occupants: Na years or older, except spo  First Name:	ouse. Additional charges may  Last:	City:  Email: ill occupy the pro	Zip:  emises: A separate application  Relationship:	is required for all applicants :
Permanent Address:  Phone No.:  Additional Occupants: Na years or older, except spo  First Name:  First Name:  First Name:	ouse. Additional charges may  Last:  Last:	City:  Email: ill occupy the pro	Zip:  emises: A separate application  Relationship: Relationship:	is required for all applicants :  Age:  Age:
Permanent Address:  Phone No.:  Additional Occupants: No years or older, except spo  First Name:  First Name:  First Name:	Last:  Last:  Last:	City:  Email: ill occupy the pro	Zip:  emises: A separate application  Relationship:  Relationship:  Relationship:	Age: Age: Age: Age:

Year:	RV Type:	Make/Model:	Color:	Length:
# of Slide-Outs: RV Plate #:			30 Amp □ 50 Amp   Electrical 30 or 50 AM	
<b>hicles:</b> List all ve	nicles, motorcycles t	o be parked in your RV space. Park	ing is limited and you may	y be asked to find alternate
rking arrangeme 1	nts for certain vehic	les. Additional charges may apply.		
Year & Type:	Color:	Make & Model:		State/License:
Year & Type:	Color:	 Make & Model:		State/License:
3				
Year & Type:	Color:	Make & Model:		State/License:
ply:		mises (dogs, cats, birds, reptiles, fis Name:	. ,	-
	: Yes □ No □	Declawed: Yes □ No □	Rabies Shots Curre	
pe & Breed:		Name:	Age and Color:	Weight:
Neutered	: Yes □ No □  Park and/or Other	Declawed: Yes □ No □	Age and Color: Rabies Shots Curre	
Neutered st or Present RV  Rental One:	: Yes □ No □	Declawed: Yes □ No □		
Rental One:	Park and/or Other	Declawed: Yes □ No □	Rabies Shots Curre	
Rental One: Landlord/RV Pa	Park and/or Other	Declawed: Yes □ No □  Rentals:	Rabies Shots Curre	ent: Yes □ No □
Rental One: Landlord/RV Pa  Landlord/Owne  Date Moved-In	Park and/or Other  **R Name & Address:**  **r/Manager:**	Declawed: Yes □ No □  Rentals:	Rabies Shots Curre	ent: Yes 🗆 No 🗆
Rental One: Landlord/RV Pa  Landlord/Owne  Date Moved-In	Park and/or Other  **R Name & Address:**  **r/Manager:**	Declawed: Yes  No    Rentals:  Move-Out Date:	Rabies Shots Curre	ent: Yes 🗆 No 🗆
Rental One: Landlord/RV Pa  Landlord/Owne  Date Moved-In Reason for Leave  Rental Two:	Park and/or Other  **R Name & Address:**  **r/Manager:**	Declawed: Yes  No    Rentals:  Move-Out Date:	Rabies Shots Curre	ent: Yes 🗆 No 🗆
Rental One: Landlord/RV Pa  Landlord/Owne  Date Moved-In Reason for Leav  Rental Two:  Landlord/RV Pa	Park and/or Other  Res Name & Address:  r/Manager:  ring:	Declawed: Yes  No    Rentals:  Move-Out Date:	Rabies Shots Curre	ent: Yes 🗆 No 🗆
Rental One: Landlord/RV Pa  Landlord/Owne  Date Moved-In Reason for Leav  Rental Two:  Landlord/RV Pa  Landlord/RV Pa  Landlord/RV Pa  Landlord/RV Pa	Park and/or Other  Park and/or Other  rk Name & Address:  r/Manager:  rk Name & Address:	Declawed: Yes  No	Rabies Shots Curre	ent: Yes 🗆 No 🗆

**RV Information:** 

Current Employer and	<b>History:</b>   Address:			
Position:			_ Gross Monthly Income:	
Start Date: End Date:				
Co-Applicant Employmen Current Employer and	nt History:   Address:			
Supervisors Name:			_ Phone: _	
Position:				Gross Monthly Income:
	End Date:			
Start Date.	Lift bate.			
Additional Questions:		Yes	No	
a) Has Applicant(s)	ever been evicted?			
b) Been asked to m	ove out by a landlord?			
C) Breached a lease	e or rental agreement?			
d) Had any credit p	roblems or low credit score?			
e) Been convicted o	of a crime and/or felony?			
,	on a crime and/or felony?			
f) Been sued for no	,			

References: Please provide 3 references, one of which is your curren	t landlord:
Current Landlord Name:	Phone:
Name:	Phone:
Name:	_ Phone:
Online/Electronic Submission	
If filling out this form on an electronic device, please ensure to manually save the doc to the above inquiries. Please email the completed form as a PDF to bookings@2riv	
Agreement & Authorization Signature	
I believe that the statements I have made are true and correct. I hereby author verification of information I provided and communication with any and all names list permission to contact any references listed to verify accuracy of this application and information to Park Owner from any and all liabilities. I understand this is an applicate a rental or lease agreement in whole or part. If application is approved and I decide bound by the terms of the attached agreement and by the park rules and regulation must be submitted in writing and accompanied by a self-addressed stamped enveloped.	sted on this application. Applicants hereby grant d release the Park Owner or any party providing ation to rent an RV space and does not constitute to rent a space at 2 Rivers RV Park, I agree to be as. Any questions regarding rejected applications
Applicant Signature:	<b>_</b> Date:
Co-Applicant Signature:	<b>_</b> Date: