

# ORCHID LAKE RV RESORT - RESIDENCY APPLICATION

8225 AREVEE DR., OFFICE, NEW PORT RICHEY, FL 34653

PHONE: 727-847-1925 FAX: 727-847-4719

WWW.ORCHIDLAKERVRESORT.COM

**Each adult must complete a separate application. This is a 55+ Age-Restricted Community.**

**Unit #**  
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Applications may be typed or hand written and must be SIGNED and DATED in order to be processed. Completed applications can be mailed or faxed to the park office. A \$40.00 non-refundable fee is required for each application unless instructed otherwise by the park office. We reserve the right to deny residency for any reason as permitted by law. **By submitting this signed application you consent to a criminal background check and credit screening.**

## APPLICANT

First Name	Middle Name	Last Name	Birth Date
Social Security Number	Drivers License Number / State	Home Phone	Work Phone
Email	Mobile Phone		

## CURRENT ADDRESS

Street Address	City/State/Zip	Rent/Own	Rent/Mortgage Amount \$
Number of Years	Reason for Moving	Present Landlord (Name/Phone)	

## PREVIOUS ADDRESS

Street Address	City/State/Zip	Rent/Own	Rent/Mortgage Amount \$
Number of Years	Reason for Moving	Previous Landlord (Name/Phone)	

## PETS – NO DOGS ALLOWED, CATS AND BIRDS PERMITTED

Type of Pet & Name	Weight	Owned Since	Age
Type of Pet & Name	Weight	Owned Since	Age

## AUTOMOBILES

Make & Model	Year	Color	Tag/State
Make & Model	Year	Color	Tag/State

## EMPLOYMENT

Current Employer	Address		Occupation
Dates of Employment	Supervisor	Supervisor Phone	
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Dates of Employment	Supervisor	Supervisor Phone	

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INCOME		
Current Monthly Income	Source	Proof of Income (Yes/No)
Current Monthly Income	Source	Proof of Income (Yes/No)
Current Monthly Income	Source	Proof of Income (Yes/No)

REFERENCES / EMERGENCY CONTACTS			
Emergency Contact Name	Relationship	Phone	Address
Reference Name	Relationship	Phone	Address
Reference Name	Relationship	Phone	Address

APPLICANT SIGNATURE	
<p>I understand that this application does not constitute a commitment to lease or rent and that a written lease will be prepared if my application is approved. I authorize the landlord to perform credit and background checks and to contact anyone listed on this application. All information provided is true and complete to the best of my knowledge. Any person or firm is authorized to release information about the applicant upon presentation of this document.</p>	
_____ Signature	_____ Date

Please mail this completed application along with a check or money order for the non-refundable \$40 application fee to:

**Orchid Lake RV Resort**  
**8225 Arevee Dr., Office**  
**New Port Richey, FL 34653**

For faster processing, please contact the park office to make alternative arrangements for payment of the application fee and FAX your completed application to:

**FAX: 727-847-4719**