



RESIDENCY APPLICATION

COMPLETED BY APPLICANT	Community Name Sunny Sands Nudist Resort		Site #	Date	Expected Move In Date
	Site Address		City	State	Zip
	Billing Address (Seasonal Residents)		City	State	Zip
	Source of home:	<input type="checkbox"/> Sales Office <input type="checkbox"/> Brokered <input type="checkbox"/> Private/Other <input type="checkbox"/> Does Not Apply	Home use:	<input type="checkbox"/> Primary residence <input type="checkbox"/> Secondary residence <input type="checkbox"/> Other: _____	

Applicant Information

Name (FIRST, LAST, MIDDLE)		Cell Phone (w/ area code)			
Email Address	Date of Birth	Country Code	Social Security Number or Social Insurance Number		
Additional Occupants <input type="checkbox"/> Sole Applicant		If so, how many additional occupants? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			

Additional Occupant Information

Additional Occupant 1	Date of Birth	SSN/SIN #	Relationship to Primary Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other		
Additional Occupant 2	Date of Birth	SSN/SIN #	Relationship to Primary Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other		
Additional Occupant 3	Date of Birth	SSN/SIN #	Relationship to Primary Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other		
Additional Occupant 4	Date of Birth	SSN/SIN #	Relationship to Primary Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other		

Address History

Current Address	City	State	Zip	Home Phone (w/ area code)	Mortgage/Landlord Name
Mortgage/Landlord Phone Number	How long at this address? Yrs. Months		Residency Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other		Monthly Payment \$ per month
Former Address (If less than 2 Years)	City	State	Zip	Residency Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other	Monthly Payment \$ per month

Nudist History

Years Involved in Nudism		
AANR Member	Yes or No	For How Long?
Sunny Sands Member	Yes or No	For How Long?
Other:		

Emergency Contact Information

Emergency Contact #1	Phone Number	Relationship
Emergency Contact #2	Phone Number	Relationship



Pet Information

Pets <input type="checkbox"/> Yes <input type="checkbox"/> No	How many? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____		
Name	Size <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Color	Breed	Age
Name	Size <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Color	Breed	Age

Driver, Vehicle, and Other Information

License Plate #	Vehicle Make	Model	Year
Driver's License #	ID State	How did you hear about us?	
License Plate #	Vehicle Make	Model	Year
License Plate #	Vehicle Make	Model	Year

I/we hereby declare that all statements made in this application are true and correct. I/we are applying for residence in the Community named above. I/we hereby authorize Provisional Property Management to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my/our application. I/we agree that verification or reverification of any information contained in this application may be made at any time by the Creditor or Community either directly or through a credit reporting agency. I/we understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other information. I/we hereby expressly release Lakeshore Management, and any procurer or furnisher of such information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my/our application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies. I/we authorize Creditor and Community to provide a photocopy of this application to others to prove my/our authorization for the release of information by others. I/we authorize the Creditor to release any of the information that I/we provided concerning this application to investors who may purchase my/our loan from the creditor. The Creditor and/or Community will rely on the information contained in this application; I/we agree to update the information if any material facts change prior to closing or occupancy. I/we authorize the Creditor and/or Community to release to third parties any information necessary to monitor the status of the insurance sold to me on my Property. The Creditor, Community, and/or one of their affiliates may earn a commission in connection with any insurance sold to me/us to the extent permitted by law. This application is not a contract, lease, or a homesite reservation and gives me/us no rights of tenancy

Applicant: _____	Date: _____
Additional Occupant 1: _____	Date: _____
Additional Occupant 2: _____	Date: _____
Additional Occupant 3: _____	Date: _____
Additional Occupant 4: _____	Date: _____

Community Representative

_____	_____	_____
Printed Name	Signature	Date

