

EQUITY LIFESTYLE PROPERTIES, INC. Maralago Cay 6280 South Ash Lane Lantana, Florida 33462 (561) 967-2626 Fax (561) 967-2627

Date:	
Date.	

Dear Prospective Resident of Maralago Cay:

Maralago Cay is an age restricted 55+ Community. In order for us to consider your application for residency, we must have the following documentation:

- 1. A thoroughly completed and signed Application.
- 2. A signed Equity Lifestyle Properties, Inc. Community Criteria Summary (see attached)
- 3. Acceptable Proof of Income:
 - Most Recent Paycheck Stub
 - W-2
 - Personal Income Tax Returns

Proof of Automatic Deposit for Social Security & Retirement Income

- 4. Photo Identification:
 - Driver's License, or
 - Passport

The processing of your application will be expedited by furnishing all of the above documents with your completed application. The Application fee is \$75.00 per person.

Applicants are subject to a "approval" based on Equity Lifestyle Properties, Inc. Community Criteria (attached). You must receive Maralago Cay's Management written approval to move into the community.

Thank you for your interest in living at Maralago Cay.

Sincerely,

Beverly Sagehorn Community Manager

EQUITY LIFESTYLE PROPERTIES, INC COMMUNITY CRITERIA SUMMARY WE ARE AN AGE QUALIFIED COMMUNITY*

* One Person Occupying the Home must be 55 years of age or older, Second person must be at least 40+ years old

PROOF OF INCOME:	Acceptable as Proof of Income: X Recent pay stubs (within past month) and showing the Year to Date Income Social Security Benefit Income Tax Returns (for Self Employment) for Previous Two Years Pension Form W-2
CREDIT:	Credit status will be checked through the appropriate Credit Bureau The following found in a credit report may create a denial: X Any open bankruptcy Unsatisfied judgments Any open/unsatisfied tax lien(s)
CRIMINAL HISTORY:	ORIGEN will run a Criminal background on every applicant The following and Other Criminal Findings may create a denial: X Any Felony Conviction Any Registered Sex Offender or offenses involving sex or sex crimes Any convictions for drug and/or paraphernalia use, possession or distribution within the last 15 years Applicant falsifies application by stating they have no previous arrest record exists Any convictions for offenses against person or animals Any convictions involving firearms or weapons Any offenses against property i.e. theft, arson, burglary, vandalism, or destruction or property Any convictions involving DUI within the last 5 years
RESIDENT HISTORY:	The following may create a denial: X Eviction Applicant is currently in default under a lease Any unpaid balance over \$500 owed to a rental community/landlord for any reason In the past 7 years Delinquent mortgage account Falsified landlord verification – Applicant not on lease Applicant was served for non-payment of rent in the past 5 years
EMPLOYMENT:	Scheduled rent should not exceed 45% of verifiable gross monthly income. X Employment history and acceptable proof of income must be provided The following will create a denial: Falsified employment verification Applicant does not work at stated company
OCCUPANTS:	TWO PERSONS PER HOUSEHOLD. Each occupant must have a separate application. EVERY RESIDENT / OCCUPANT of the Community MUST BE PRE-APPROVED <u>Prior to Move-In</u> by MANAGEMENT. X
PETS:	TWO PETS PER HOUSEHOLD ~ NOT TO EXCEED 35LBS. EACH. ALL PETS MUST BE PRE- APPROVED by MANAGEMENT OFFICE / PRIOR TO MOVE-IN. X
VEHICLES:	TWO VEHICLES PERMITTED PER HOUSEHOLD. NO COMMERCIAL VEHICLES. NO TRUCKS EXCEEDING 8,500 LBS. X
OWNERSHIP:	If you are purchasing a Maralago Cay home from anyone other than Reality Systems AZ Inc., Carefree Sales FL, you MUST PROVIDE proof of ownership PRIOR to executing the Lot Rental Agreement. We Acknowledge and Agree to the above Terms & Conditions:

Signature(s) & Date (Initial EACH Line Item Above)



© Equity LifeStyle Properties, Inc.

]	Resid	ency A	Applic	ation – A	II S	tates Exc	cept C	aliforni	a			
Date:	Communit			An all-a		mmunity community	Contact: P		Phone N	Phone Number (w/area code):			
Site Address:			Site	#:	City:	State:				Zip Cod	e:		
Lot Rent (w/out con	cessions):		Home Pa	yment:	1	Purchase Price: Desi					Mov	e-In Date:	
\$	per	month	\$		per mo		\$						
Make:			Year:		Length/Widt	h:	Model:		Serial Nui	nber: \	Vho	is the Seller?	
Lease/Leas	of Application: Home Type: New Lease/Lease to own Seasonal Rental					Source of Home: Home Use: Inventory Primary Residence Brokered Secondary Reside Retail Partner Other: Private/Other							
For "Residency Only indicate source of he			Cash		☐ Outside I	ender	(Loan #, Lend	ler Name	& Phone nu	mber): L	Pr	ivate Move-In	
maleate source of ne	mic imanen	· 5·											
Applicant Infor	mation												
New Year Control of the Control			a sure con	Cac. Older	on's five took	mes.	CRALLIN NO	dia Tuel 18		The services	1000		
					Appli	cant 1					10.1		
Name (Last, First, M	(iddle):					Social Security Number:							
Date of Birth (Mo/D	ate/Yr):					Driver's License Number/State:							
Have you ever been convicted of a felony	/? □ Y€		yes, list:	County		State: If you answered "Yes" to please explain in the line							
NAMES OF TAXABLE PARTY.			S ISSUE TO IS	shirt sheet w					1417 C. 11 T.	1350500775		ES PAGE ASSOCIATION	
				1	Applicant 1 A	ddres	s History						
Current Address:						Hon	ne Phone Num	ber (w/ ar	ea code):	Cell Pho	ne (w	// area code):	
City:		State:		Zip C	Code:	Email Address:							
How long at this add	ress Re	sidency	Status:			Mor	tgage Compan	y or Land	llord Name:				
Years M	Ionths	Own	Relativ	e 🗌 Rei	nt								
Mortgage Company or Landlord Address:												Monthly Payment	
If you have been at y current address for le than two years, pleas	dress for less						City: State: S Zip					per month Zip Code:	
Residency Status:							Mortgage or Landlord (Name and Phone Number): Monthly Payment						
Own Rent Relative Other Years Months						\$ per month							
				Ap	plicant 1 Emp	oloym	ent History						
Occupation:		Curre	nt Employ	er OR Li	st Retired:	Pho	ne Number:	City:		State:		Zip Code:	
☐ If Self-Employe	f Full	Time Time		nployed C Years	OR Retired:	years,					ess than two rs, list former ployer below:		
Occupation:		Emple		10010	Monuis	\$ Phor	ne Number:	City:	er month	State:	الاادر	Zip Code:	
☐ If Self-Employed	i Full	Time	Time En	nployed C	R Retired:	Gros	s Income OR	 Retiremen	nt Income:				
	Part Time Years Mon						\$ per month						



Natice: Income from allman	v shild sup	nort maintan	nee and/a			her Income ot be revealed if you do not wi	ch to have them caus	ldorad as a basis	for naving this obligation		
Source:		onthly Amo		Source	iemis need ne	Monthly Amount	Source	idered as a Dasis	Month Amount		
	\$					\$		\$			
Have you filed bankrup	ave you filed bankruptcy in the last 7 years? Yes \(\subseteq \text{ Yes } \subseteq No					ou applied for credit ur	☐ Yes ☐ No				
Have you had any judg	ments, re	possession	s, garnis	shments, or legal	proceedir	ngs filed against you in	the last 7 years	?	Yes No		
		If you are	warad 6	(Vas" to any of th	aca anas	tions, please explain in	the lines below	1.			
		1) you and	iver en	res to any of th	ese quesi	nons, pieuse expluin in	ine lines belon	<u> </u>			
4.46.275		(Pleas	e inclu		ts for Ap	plicant 1 y enhance your appro	val chances)				
Type of	Account				Bank			Balance	>		
	A. 85.5		Cred	lit References an	d Other	Expenses for Applica	nt 1				
(Please include payments an	d obligatio	ns that likely				H = -(1) [here car loans a	ind furniture companies)		
Туре	of Bill			Cor	mpany or	Payee		Monthly Obli	gation		
Child Care							\$				
Child Support							\$				
Alimony						\$					
Car Loan	Car Loan										
Other:	Other:										
		(25)			Telefox (
					Applica						
Name (Last, First, Mide	ile):				S	locial Security Number	•				
Date of Birth (Mo/Date	/Yr):				Г	Driver's License Numb	er/State:				
Have you ever been						State: If you answered "Yes" to the question,					
convicted of a felony?	convicted of a felony?						please exp	lain in the lir	ies below.		
				Applica		ress History					
Current Address:	Current Address:						Home Phone Number (w/ area code): Cell Phone (w/ area code):				
City: State: Zip Code:						Email Address:					
How long at this addres	e?	l Do	sidency	Status	N	Mortgage Company or l	Landlard Name	p			
riow long at this addres	3:		Own	Relative	15	nortgage Company or	Landiold Ivaino.	1			
Years	AUVESTA		Rent	Other			f II I DI	NY 1	N dil D		
Mortgage Company or	Landlord	Address:			V	Nortgage Company or l	Landiord Phone	Number:	Monthly Payment		
						N			\$ per month		
If you have been at you current address for less	r Fo	rmer Addı	ess:		C	City:	State:		Zip Code:		
than two years, please l	ist:										
Residency Status:				long at this addre	ess? N	Mortgage or Landlord (Name and Phon	e Number):	Monthly Payment		
Own Rent Relative Other					ithe	\$ ner m					

				Applicant	t 2 Emj	ployment History					
Occupation:		Curren	rent Employer OR List Retired: Phone Number: City: State:							Zip Code:	
☐ If Self-Employed		l Time t Time	Time	e Employed OR Re	etired:	Gross Income OR	year	If less than two years, list former Employer below:			
Occupation:		Emplo	yer:			Phone Number:	per month City:	State:		Zip Code:	
☐ If Self-Employed		l Time t Time	Time		lonths	Retirement Income:		Cristia, sweet			
Notice: Income from alimony	, child suppo	ort, mainter	iance, an	Appite id/or public support payn	cant 2 C	Other Income ed not be revealed if you do	not wish to have them consid	lered as a ba	sis for pay	ying this obligation.	
Source		nthly Ar		Source	Source	19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -		Month Amount \$			
Have you filed bankrupt		last 7 ye	ars?	☐ Yes ☐ No	Have	Se you applied for cre-	dit under a different n	ame?		Yes No	
Have you had any judgn	nents, rep	ossessio	ns, gar	l nishments, or legal	procee	edings filed against ye	ou in the last 7 years?			☐ Yes ☐ No	
	1	f you an	swered	d "Yes" to any of th	hese qu	estions, please expla	in in the lines below.				
		(D)				Applicant 2					
Type of	Account	(Plea	se inci	ude Liquid Assets		nay enhance your aj ank	oproval chances)	Palar	100		
	Type of Account					IIIK	Balance				
NEWS TOWNS OF STREET		TENER I	Cr	edit References an	ıd Otho	er Expenses for App	olicant 2				
(Please include payments and	obligations	that likely						ere car loan	s and fu	rniture companies	
Type o	Type of Bill			Co	mpany	or Payee	Monthly Obligation				
Child Care							\$				
Child Support							\$				
Alimony							\$				
Car Loan	Loan						\$				
Other:	er:										
Financing											
Total Cash Down Payme	nt: \$					Total Trade Equity	For Down Payment:	\$			
Total % of Sales Price:						Total Down Payme	CONTRACTOR OF STREET STREET STREET	\$			

				0	ecupant 1							
Name (Last, First, Middle)):			Social Secu	::	Date of Birth (Mo/Day/Yr):						
Current Address:	V-2-1			City: State:			State:	1	./*	Zip Code:		
Have you ever been convicted of a felony?	☐ Yes ☐ No	If yes, list:	County:			State:	State:		If you answered "Yes" to the questi please explain in the line below.			
				0	ccupant 2							
Name (Last, First, Middle)):			Social Secu	rity Number			Date of	Birth (N	Mo/Day/Yr):		
Current Address:				City:			State:	Zip Code:				
Have you ever been convicted of a felony?	☐ Yes ☐ No	If yes, list:	County:			State:				red "Yes" to the question in in the line below.		
				0	ecupant 3							
Name (Last, First, Middle)		Social Secu	rity Number	:	90754493. P. 48556	Date of	Birth (N	Mo/Day/Yr):				
Current Address:				City:			State:	1		Zip Code:		
Have you ever been convicted of a felony?	☐ Yes ☐ No	If yes, list:	County:			State:		If you answered "Yes" to the question please explain in the line below.				
				0	ecupant 4							
Name (Last, First, Middle)):			Social Secu	rity Number	•		Date of	Birth (N	Mo/Day/Yr):		
Current Address:				City:		State:				Zip Code:		
Have you ever been convicted of a felony?	☐ Yes ☐ No	If yes, list:	County:			State:		If you answered "Yes" to the que please explain in the line below.				
				Vehicl	e Informat	lon						
Year:		Make:	1	Model:			Plate/License Number:					
Year:		Make:		Model:				Plate/License Number:				
Year:		Make:			Model	:	Plate/License Number:					
				Pet l	Information	1						
Do you have any pets that	will be liv	ing with y	ou? (if pe				w many?		2017/01/2			
Туре	Br	eed		Color		Weight		Height		Age		
Additional Commen	40						-					

1		General	Information		
1. How did you	learn of this community:				
☐ Newspapers:	Name of Publication:			Issue:	
☐ Magazine:	Name of Publication:			Issue:	2
☐ Internet:	Name of Website:				
Referral:	If so, by whom:				
Other:	Please specify:				N
Our signs	☐ Drive By ☐ Fly	rers			
2. If this will be	e a second home or partial reside	ence, what is the address	ss of your primary resid	ence?	
,	Street Address	City	Stat	e Zip Code	Phone Number
How n	nany months each year do you p	2		C C 100	
What i	s the reason for your move (job	, relocations, change of	f life status, etc.)?		
9					
☐ A rei ☐ An o ☐ An o ☐ An o	e is: nted apartment nted house nted Manufactured Home wned apartment wned house wned Manufactured Home ag with a relative or friend				
4. Do you own: RV Tent	☐ Yes ☐ No				
	er lived in a manufactured housi				
If yes, what comm	nunity?				

Unless I check this box, by signing this application, I am giving Equity LifeStyle Properties, Inc. and its affiliates permission to telephone and email me with information and offers on their communities and RV resorts, including memberships and other vacation projects, even if my name is on a do-not-call list.

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Signatures
I hereby authorize Equity Lifestyle Properties, Inc., its affiliates and subsidiaries, to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I 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 necessary information. I hereby expressly release Equity Lifestyle Properties, Inc., its affiliates and subsidiaries, 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 application information may be provided to various local, state and/or federal government agencies, including, without limitation, various law enforcement agencies.
As an applicant, I represent that the above statements are correct and complete and that I intend that Equity Lifestyle Properties, Inc. its affiliates and subsidiaries rely on these representations in determining whether to lease to me a home and/or homesite in the community. I agree that I have no right to occupy a home or homesite in the community until and unless this application is approved, a lease is signed and I have made any necessary initial payments. I understand that any misrepresentation on this application may be cause for lease termination and/or non-acceptance of this application.

Applicant 1: Print Name Date (Mo/Day/Yr) Signature Applicant 2: Print Name Date (Mo/Day/Yr) Signature Occupant 1 (over 18): Print Name Signature Date (Mo/Day/Yr) Occupant 2 (over 18): Print Name Date (Mo/Day/Yr) Signature Occupant 3 (over 18): Print Name Date (Mo/Day/Yr) Signature Occupant 4 (over 18): Print Name Signature Date (Mo/Day/Yr) Disclosure Non-Refundable Resident Application Screening Fee per Adult (18 years and older) \$_____ Screening service contact information: Origen Financial Services LLC, 27777 Franklin Road, Suite 1710, Southfield, MI 48034, (248) 746-4710.

REQUEST FOR VERIFICATION OF MORTGAGE LOAN OR RENT

Privacy Act Notice: This information is to be used by the agency collecting or as its assigned in determining whether you quality under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA), by 12 USC, Section 1701 etc. seq (if HUD/FHA), by 42 USC, Section 1452b (if HUD/CPD), and Title 42 USC, 1471 et. seq. or 7 USC, 1921 et. seq. (if USDA/FMHA) Instructions Complete items 1 through 8. Have applicant(s) complete item 9. Forward directly to employer named in item 1. Agency -Please Complete Part II and return directly to agency name in item 2. Landlord/Creditor -The form is to be transmitted directly to the agency and it is not to be transmitted through the applicant or any other party. Part I - Request 2. From (Name and address of agency) 1. To (Name and address of creditor) 4. Title 6. Agency Number (optional) 3. Signature of Agency 5. Date 7. Information to be Verified Property Address Account in Name of Loan (Account) Number Rental ☐ Mortgage 8. Name and Address of Applicant(s) 9. Signature of Applicant(s) Part II - To Be Completed By Mortgagee/Creditor/Landlord We have received an application from the applicant. In addition to the information requested below, please furnish us with any information you might have that will assist us in considering the application. ☐ Mortgage Account Tenant has rented since Date mortgage originated And rented until Original mortgage amount Amount of rent Current mortgage balance per Is rent in arrears? Monthly payment P&I only Yes No Payment with taxes and insurance Is so, Amount \$ Period Is mortgage current? Number of late payment (over 30 days) in past 12 months Yes No Is mortgage assumable? No Is account satisfactory? Yes Yes Satisfactory Account? Did the person violate the terms of the lease in any manner? If so, please explain Would you rent to this former resident again? Number of later payments (over 30 days) in past 12 months? Yes * Please provide a payment history for the previous 12 months. Additional information, which may be of assistance in determination of the application. Authorized Signature Title (please print or type) Date

Request for Verification of Mortgage Loan or Rent v12.0.0

REQUEST FOR VERIFICATION OF EMPLOYMENT

Privacy Act Notice: This information is to be used by the agency collecting or as its assigned in determining whether you quality under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA), by 12 USC, Section 1701 etc. seq (if HUD/FHA), by 42 USC, Section 1452b (if HUD/CPD), and Title 42 USC, 1471 et. seq. or 7 USC, 1921 et. seq. (if USDA/FMHA) Instructions Agency -Complete items 1 through 7. Have applicant(s) complete item 8. Forward directly to employer named in item 1. Employer -Please Complete Part II or Part III as applicable. Complete Part IV and return directly to agency name in item 2. The form is to be transmitted directly to the agency and it is not to be transmitted through the applicant or any other party. Part I - Request 1. To (Name and address of employer) 2. From (Name and address of agency) I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other party. 3. Signature of Agency 4. Title 5. Date 6. Agency Number (optional) I have stated that I am or was formerly employed by you. My signature below authorizes verification of this information. 7. Name and Address of Applicant(s) 8. Signature of Applicant(s) Part II - Verification of Present Employer 9. Applicant's Date of Employment 10. Present Position 11. Probability of Continued Employment 12 A. Current Gross Base Pay (Enter Amount and Check Period) 13. For Military Personnel Only 14. If Overtime or Bonus is Applicable, is its Continuance Likely? ☐ Annual ☐ Hourly Pay Grade ☐ Monthly Other (specify) Overtime Yes ☐ No Weekly Bonus Yes ☐ No Type 12 B. Gross Earnings 15. If paid hourly, average hours per week Base Pay \$ Rations Type Year to Date Past Year Past Year \$ 16. Date of Applicant's next pay increase Base Pay Flight/Hazard \$ S \$ \$ Clothing 17. Projected amount of next pay increase \$ Overtime \$ \$ \$ Quarters \$ 18. Date of Applicant's last pay increase Commissions Pro Pay \$ \$ \$ \$ Bonus \$ \$ \$ Oversees or Combat \$ 19. Amount of last pay increase Total Variable Housing S S 20. Remarks (if employee was off work for any time, please indicate time period and reason) Part III - Verification of Previous Employer 21. Date Hired 23. Salary/Wage at Termination per (Year) (Month) (Week) 22. Date Terminated Overtime Commission Bonus 25. Position Held 24. Reason for Leaving Part IV - Authorized Signature Federal Statues proved severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issue of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary. 26. Signature of Employer 27. Title (please print or type) 28. Date

Request for Verification of Employment v11.0.0

29. Print or type name signed in item 26

30. Phone Number