



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

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 Prior to Move-In 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)



Residency Application – All States Except California

| | | | | | |
|---|--|---|--|--|--------------------|
| Date: | Community Name: | <input type="checkbox"/> An all-ages community <input type="checkbox"/> A 55-and-over community | Contact: | Phone Number (w/area code): | |
| Site Address: | Site #: | City: | State: | Zip Code: | |
| Lot Rent (w/out concessions): \$ _____ per month | Home Payment: \$ _____ per month | Purchase Price: \$ _____ | Desired Move-In Date: | | |
| Make: | Year: | Length/Width: | Model: | Serial Number: | Who is the Seller? |
| Type of Application: <input type="checkbox"/> Homecowner only <input type="checkbox"/> Lease/Lease to own <input type="checkbox"/> Seasonal Rental | Home Type: <input type="checkbox"/> New <input type="checkbox"/> Pre-Owned | Source of Home: <input type="checkbox"/> Inventory <input type="checkbox"/> Brokered <input type="checkbox"/> Retail Partner <input type="checkbox"/> Private/Other | Home Use: <input type="checkbox"/> Primary Residency <input type="checkbox"/> Secondary Residency <input type="checkbox"/> Other: | | |
| For "Residency Only" application, indicate source of home financing: | <input type="checkbox"/> Cash | <input type="checkbox"/> Outside Lender (Loan #, Lender Name & Phone number): | | <input type="checkbox"/> Private Move-In | |

Applicant Information

| Applicant 1 | | | | | |
|---|---|---------------|--------------------------------|--------|--|
| Name (Last, First, Middle): | | | Social Security Number: | | |
| Date of Birth (Mo/Date/Yr): | | | Driver's License Number/State: | | |
| Have you ever been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list: | County: | State: | <i>If you answered "Yes" to the question, please explain in the lines below.</i> |

Applicant 1 Address History

| | | | | | |
|--|--|--|---|---------------------------------------|---------------------------------------|
| Current Address: | | Home Phone Number (w/ area code): | | Cell Phone (w/ area code): | |
| City: | State: | Zip Code: | Email Address: | | |
| How long at this address Years Months | Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Relative <input type="checkbox"/> Rent <input type="checkbox"/> Other | | Mortgage Company or Landlord Name: | | |
| Mortgage Company or Landlord Address: | | Mortgage Company or Landlord Phone Number: | | Monthly Payment \$ _____ per month | |
| If you have been at your current address for less than two years, please list: | Former Address: | | City: | State: | Zip Code: |
| Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other | How long at this address? Years Months | | Mortgage or Landlord (Name and Phone Number): | | Monthly Payment \$ _____ per month |

Applicant 1 Employment History

| | | | | | | |
|---|--|--|--|-------|---|-----------|
| Occupation: | Current Employer OR List Retired: | | Phone Number: | City: | State: | Zip Code: |
| <input type="checkbox"/> If Self-Employed | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Time Employed OR Retired: Years Months | Gross Income OR Retirement Income: \$ _____ per month | | If less than two years, list former Employer below: | |
| Occupation: | Employer: | | Phone Number: | City: | State: | Zip Code: |
| <input type="checkbox"/> If Self-Employed | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Time Employed OR Retired: Years Months | Gross Income OR Retirement Income: \$ _____ per month | | | |



| Applicant 1 Other Income | | | | | |
|--|--|--------|---|--------|--|
| Notice: Income from alimony, child support, maintenance, and/or public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation. | | | | | |
| Source: | Monthly Amount \$ | Source | Monthly Amount \$ | Source | Month Amount \$ |
| Have you filed bankruptcy in the last 7 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Have you applied for credit under a different name? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had any judgments, repossessions, garnishments, or legal proceedings filed against you in the last 7 years? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered "Yes" to any of these questions, please explain in the lines below.

| Assets for Applicant 1 (Please include Liquid Assets as it may enhance your approval chances) | | |
|---|------|---------|
| Type of Account | Bank | Balance |
| | | |
| | | |
| | | |

| Credit References and Other Expenses for Applicant 1 (Please include payments and obligations that likely DO NOT already show up on the credit bureau; such as child support and buy here/pay here car loans and furniture companies) | | |
|---|------------------|--------------------|
| Type of Bill | Company or Payee | Monthly Obligation |
| Child Care | | \$ |
| Child Support | | \$ |
| Alimony | | \$ |
| Car Loan | | \$ |
| Other: | | \$ |

| Applicant 2 | | | | | |
|---|---|---------------|--------------------------------|--------|--|
| Name (Last, First, Middle): | | | Social Security Number: | | |
| Date of Birth (Mo/Date/Yr): | | | Driver's License Number/State: | | |
| Have you ever been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list: | County: | State: | <i>If you answered "Yes" to the question, please explain in the lines below.</i> |

| Applicant 2 Address History | | | | | |
|--|---|-----------|---|--------------------------------------|--------------------------------------|
| Current Address: | | | Home Phone Number (w/ area code): | Cell Phone (w/ area code): | |
| City: | State: | Zip Code: | Email Address: | | |
| How long at this address? Years Months | Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Relative <input type="checkbox"/> Rent <input type="checkbox"/> Other | | Mortgage Company or Landlord Name: | | |
| Mortgage Company or Landlord Address: | | | Mortgage Company or Landlord Phone Number: | Monthly Payment \$ per month | |
| If you have been at your current address for less than two years, please list: | Former Address: | | City: | State: | Zip Code: |
| Residency Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other | How long at this address? Years Months | | Mortgage or Landlord (Name and Phone Number): | | Monthly Payment \$ per month |

Applicant 2 Employment History

| | | | | | | | |
|---|--|--|--|--|-------|---|-----------|
| Occupation: | | Current Employer OR List Retired: | | Phone Number: | City: | State: | Zip Code: |
| <input type="checkbox"/> If Self-Employed | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Time Employed OR Retired: Years Months | | Gross Income OR Retirement Income: \$ _____ per month | | If less than two years, list former Employer below: | |
| Occupation: | | Employer: | | Phone Number: | City: | State: | Zip Code: |
| <input type="checkbox"/> If Self-Employed | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Time Employed OR Retired: Years Months | | Gross Income OR Retirement Income: \$ _____ per month | | | |

Applicant 2 Other Income

Notice: Income from alimony, child support, maintenance, and/or public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation.

| | | | | | |
|--|----------------------|--|---|--------|--|
| Source | Monthly Amount \$ | Source | Monthly Amount \$ | Source | Month Amount \$ |
| Have you filed bankruptcy in the last 7 years? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you applied for credit under a different name? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had any judgments, repossessions, garnishments, or legal proceedings filed against you in the last 7 years? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered "Yes" to any of these questions, please explain in the lines below.

Assets for Applicant 2

(Please include Liquid Assets as it may enhance your approval chances)

| Type of Account | Bank | Balance |
|-----------------|------|---------|
| | | |
| | | |
| | | |
| | | |

Credit References and Other Expenses for Applicant 2

(Please include payments and obligations that likely DO NOT already show up on the credit bureau; such as child support and buy here/pay here car loans and furniture companies)

| Type of Bill | Company or Payee | Monthly Obligation |
|---------------|------------------|--------------------|
| Child Care | | \$ |
| Child Support | | \$ |
| Alimony | | \$ |
| Car Loan | | \$ |
| Other: | | \$ |

Financing

| | | | |
|--------------------------|----|--|----|
| Total Cash Down Payment: | \$ | Total Trade Equity For Down Payment: | \$ |
| Total % of Sales Price: | | Total Down Payment (Cash Down payment + Total Trade Equity): | \$ |



Occupants

Occupant 1

| | | | | | |
|---|---|-------------------------|---------|----------------------------|---|
| Name (Last, First, Middle): | | Social Security Number: | | Date of Birth (Mo/Day/Yr): | |
| Current Address: | | City: | State: | Zip Code: | |
| Have you ever been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list: | County: | State: | <i>If you answered "Yes" to the question, please explain in the line below.</i> |

Occupant 2

| | | | | | |
|---|---|-------------------------|---------|----------------------------|---|
| Name (Last, First, Middle): | | Social Security Number: | | Date of Birth (Mo/Day/Yr): | |
| Current Address: | | City: | State: | Zip Code: | |
| Have you ever been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list: | County: | State: | <i>If you answered "Yes" to the question, please explain in the line below.</i> |

Occupant 3

| | | | | | |
|---|---|-------------------------|---------|----------------------------|---|
| Name (Last, First, Middle): | | Social Security Number: | | Date of Birth (Mo/Day/Yr): | |
| Current Address: | | City: | State: | Zip Code: | |
| Have you ever been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list: | County: | State: | <i>If you answered "Yes" to the question, please explain in the line below.</i> |

Occupant 4

| | | | | | |
|---|---|-------------------------|---------|----------------------------|---|
| Name (Last, First, Middle): | | Social Security Number: | | Date of Birth (Mo/Day/Yr): | |
| Current Address: | | City: | State: | Zip Code: | |
| Have you ever been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list: | County: | State: | <i>If you answered "Yes" to the question, please explain in the line below.</i> |

Vehicle Information

| | | | |
|-------|-------|--------|-----------------------|
| Year: | Make: | Model: | Plate/License Number: |
| Year: | Make: | Model: | Plate/License Number: |
| Year: | Make: | Model: | Plate/License Number: |

Pet Information

Do you have any pets that will be living with you? (if permitted) Yes No If yes, how many?

| Type | Breed | Color | Weight | Height | Age |
|------|-------|-------|--------|--------|-----|
| | | | | | |
| | | | | | |

Additional Comments

General Information

1. How did you learn of this community:

Newspapers: Name of Publication: _____ Issue: _____

Magazine: Name of Publication: _____ Issue: _____

Internet: Name of Website: _____

Referral: If so, by whom: _____

Other: Please specify: _____

Our signs Drive By Flyers

2. If this will be a second home or partial residence, what is the address of your primary residence?

| | | | | |
|----------------|------|-------|----------|--------------|
| Street Address | City | State | Zip Code | Phone Number |
|----------------|------|-------|----------|--------------|

How many months each year do you plan to live at this address within the community? _____

What is the reason for your move (job, relocations, change of life status, etc.)? _____

3. Current Home is:

- A rented apartment
- A rented house
- A rented Manufactured Home
- An owned apartment
- An owned house
- An owned Manufactured Home
- Living with a relative or friend

4. Do you own:

- RV Yes No
- Tent Camp Yes No

5. Have you ever lived in a manufactured housing community before? Yes No

If yes, what community? _____

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.

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 Signature Date (Mo/Day/Yr)

Applicant 2: _____
Print Name Signature Date (Mo/Day/Yr)

Occupant 1 (over 18): _____
Print Name Signature Date (Mo/Day/Yr)

Occupant 2 (over 18): _____
Print Name Signature Date (Mo/Day/Yr)

Occupant 3 (over 18): _____
Print Name Signature Date (Mo/Day/Yr)

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.

Internal Use

When application is returned, ensure that the application is complete, legible, signed, and dated, and collect the Resident Application Screening Fee.



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 qualify 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) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (specify) <input type="checkbox"/> Weekly <input type="checkbox"/> | 13. For Military Personnel Only Pay Grade _____ Type _____ | 14. If Overtime or Bonus is Applicable, is its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|---|

| | | | | | | |
|----------------------|--------------|-----------------|-----------------|--------------------|----|--|
| 12 B. Gross Earnings | | | | Base Pay | \$ | 15. If paid hourly, average hours per week _____ 16. Date of Applicant's next pay increase _____ 17. Projected amount of next pay increase _____ 18. Date of Applicant's last pay increase _____ 19. Amount of last pay increase _____ |
| Type | Year to Date | Past Year _____ | Past Year _____ | Rations | \$ | |
| Base Pay | \$ | \$ | \$ | Flight/Hazard | \$ | |
| Overtime | \$ | \$ | \$ | Clothing | \$ | |
| Commissions | \$ | \$ | \$ | Quarters | \$ | |
| Bonus | \$ | \$ | \$ | Pro Pay | \$ | |
| Total | \$ | \$ | \$ | Oversees or Combat | \$ | |

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) Base _____ Overtime _____ Commission _____ Bonus _____ |
| 22. Date Terminated | |
| 24. Reason for Leaving | 25. Position Held |

Part IV – Authorized Signature

Federal Statutes 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 |
| 29. Print or type name signed in item 26 | 30. Phone Number | |