

LWV

REALTY SYSTEMS, INC.  
/ RSI INSURANCE AGENCY, L.L.C.

Name	_____
Address	_____
City/State/Zip	_____
Phone	_____
Product	<u>Residency Application</u>
Community Name	<u>LAKE WORTH VILLAGE</u>
	<u>561.965-4129</u>

**PRIVACY POLICY**

**Section 1: What this Privacy Policy Covers**

- This Privacy Policy sets forth the policies of Realty Systems, Inc. and RSI Insurance Agency, L.L.C. (together with their affiliates and subsidiaries, individually and collectively, "RSI", "we", "our" or "us") with respect to the treatment of nonpublic personally identifiable information ("Information") that we collect when you finance the purchase of a manufactured home or obtain insurance, home warranties or other financial products or services from us. This Privacy Policy also covers our treatment of any Information that our business partners share with us. This Privacy Policy applies to independent insurance agents affiliated with RSI.

**Section 2: Information Collection and Use**

- We collect Information about you from the following sources:
  - Information we receive from you on applications or other forms;
  - Information about your transactions with us, our affiliates or others; and
  - Information we receive from consumer reporting agencies.

**Section 3: Information Sharing and Disclosure With Non-Affiliated Companies**

- We may disclose the following kinds of Information about you:
  - Information we receive from you on applications or other forms, including, but not limited to, your name, address, social security number, assets and income, etc.;
  - Information about your transactions with us, our affiliates or others, including, but not limited to, your account balance, payment history, parties to transactions, etc.; and
  - Information we receive from consumer reporting agencies, including, but not limited to, your creditworthiness and credit history.
- In addition to disclosing Information about you to non-affiliated third parties as permitted by law, we may disclose Information about you to the following types of third parties:
  - financial service providers, such as mortgage bankers, mortgage brokers, insurance agents and/or companies, title companies, escrow agents and/or companies, etc.;
  - non-financial companies, such as retailers, direct marketers and publishers; and
  - others, such as non-profit organizations.
- We may disclose all of the Information about you we collect, as described in Section 2, to companies that perform marketing services on our behalf or to other financial institutions with whom we have joint marketing agreements.

**Section 4: Information Sharing With Our Affiliates**

- Under the Fair Credit Reporting Act, we are permitted by law to share with our affiliates information concerning your account history and our experiences with you. Unless you tell us not to, we also may share the following information with our affiliates:
  - Information we receive from you on applications or other forms, such as your income and your marital status;
  - Information we obtain from consumer reports, such as your credit score or credit history;
  - Information we obtain to verify representations made by you, such as your financial obligations;
  - Information we obtain from a person regarding that person's employment, credit or other relationship with you, such as your employment history.
- The categories of affiliates who may receive the above information include financial service providers, such as an insurance agency, and non-financial companies, such as Manufactured Home Communities, Inc., its affiliates and subsidiaries.

**Section 5: Confidentiality and Security**

- Subject to the foregoing provisions of this Privacy Policy, we restrict access to information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your information.

**Section 6: Offering You Choices**

- We may offer financial products and services you can use to meet your financial goals, and we want to let you know about them when they could be of interest to you. We recognize, however, that you might have preferences about how we contact you to let you know about such products and services. If you prefer that we not disclose information about you to non-affiliated third parties, as described in Section 3, or affiliated third parties, as described in Section 4, you may opt out of those disclosures; that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to non-affiliated third parties, as described in Section 3, and/or affiliated third parties, as described in Section 4, please check here:

**I CHOOSE TO OPT OUT OF SECTION 3 & 4 ( )**

If you have any questions you may call our toll-free number: (888) 811-9422.

**Signature and Acknowledgement**

- By signing below, I acknowledge that RSI has provided me with a copy of its Privacy Policy.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_, 200\_\_



Equity LifeStyle Properties, Inc.

### 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"/> Homeowner 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:		
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?	
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		Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If yes, list:	
				County:	
				State:	

*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:

### 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	Have you ever been convicted of a felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No
		County:		State:	

*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:
Occupant 2			
Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	
Current Address:	City:	State:	Zip Code:
Occupant 3			
Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	
Current Address:	City:	State:	Zip Code:
Occupant 4			
Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	
Current Address:	City:	State:	Zip Code:

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) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?					
Type	Breed	Color	Weight	Height	Age

**Additional Comments**

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## General Information

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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
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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.



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**Signatures**

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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.

<b>Applicant 1:</b>	_____	_____	_____
	Print Name	Signature	Date (Mo/Day/Yr)
<b>Applicant 2:</b>	_____	_____	_____
	Print Name	Signature	Date (Mo/Day/Yr)
<b>Occupant 1 (over 18):</b>	_____	_____	_____
	Print Name	Signature	Date (Mo/Day/Yr)
<b>Occupant 2 (over 18):</b>	_____	_____	_____
	Print Name	Signature	Date (Mo/Day/Yr)
<b>Occupant 3 (over 18):</b>	_____	_____	_____
	Print Name	Signature	Date (Mo/Day/Yr)
<b>Occupant 4 (over 18):</b>	_____	_____	_____
	Print Name	Signature	Date (Mo/Day/Yr)

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**Internal Use**

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

