

Dear applicant:

In Order for us to consider your application, we require the following items:

- 1. A completed and signed application. Please be sure all information is provided. Do not leave an item blank.
- 2. A copy of your driver's license.
- 3. Acceptable proof of income (example: 3 months most recent pay stubs, W-2, personal income tax returns, or proof of automatic deposit for retirement or Social Security income.)
- 4. An application fee in the amount of \$50.00 per Applicant or \$25.00 per Occupant to be paid by check or money order to EQUITY LIFESTYLE PROPERTIES, INC. Additional applications will require additional fee payments.

The processing of your application will be expedited by furnishing all of the above items as soon as possible.

We look forward to working with you.

Coquina Crossing



Equity LifeStyle Properties, Inc.

	R	Reside	ncy A	pplica	tion - A	II S	tates Ex	cept C	aliforni	ia		
Date:	Community	Name:			☐ An all-a		nmunity community	Contact	Contact:		Phone Number (w/area code):	
Site Address:	ldress: Site #:							State:		Zip Co	Zip Code:	
Lot Rent (w/out con	cessions):	. I	Home Pa	yment:			Purchase Pr	ice:		Desire	d Move-In Date:	
\$	per m				per mo		\$					
Make:		7	Year:		Length/Widt	h:	Model:		Serial Nu	mber:	Who is the Seller?	
Type of Application: Homeowner only Lease/Lease to own Seasonal Rental			□ F	pe: New Pre-Owned			ce of Home: Inventory Brokered Retail Pa Private/C	l rtner Other		☐ Se	imary Residency condary Residency her:	
For "Residency Only indicate source of ho			Cash		∐ Outside I	Lender	(Loan #, Lend	der Name	& Phone nu	mber):	Private Move-In	
Applicant Infor	mation											
	, 14 . 74				Appli	cant 1				*	- 医智利氏 被某种的	
Name (Last, First, M	iddle):					Soci	al Security Nu	ımber:			as a summer of the state of the	
Date of Birth (Mo/D	ate/Yr):					Driver's License Number/State:						
Have you ever been convicted of a felony	? ☐ Yes	If ye	es, list:	County:		State: If you answered "Yes" to the question, please explain in the lines below.						
									prouse expr		e titles below.	
	es e la solt way.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	.,	1981116	***************************************		24. 1		The Prince	त्रद्वासम् स	The Parent of the Same	
Current Address:	a.			- Aj	pplicant 1 A			1 ()	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
						Hom	e Phone Num	ber (w/ ar	ea code):	Cell Ph	one (w/ area code):	
City:		State:		Zip Co	de:	Emai	l Address:					
How long at this add		idency St				Mort	gage Compan	y or Land	lord Name:			
Years M Mortgage Company	Ollitio		Relative	Rent	U Other	W. I. G.						
If you have been at your current address for less than two years, please list:					City:		State: \$ per mont					
Residency Status: How long at this address? How long at this address? Worths Worths					address?	Mortgage or Landlord (Name and Phone Number): Monthly Payment						
Own C Rent L		Other	Ye	fortil surect in	Months				2 T 1 a 2 T 10 a Houge		\$ per month	
	A Company		4 27		icant 1 Emp	A1255	ET SELECTION OF THE SEL					
Occupation:		Current :	Employe	r OR List l	Retired:	Phone	Number:	City:		State:	Zip Code:	
☐ If Self-Employed	☐ Full Ti	ime		oloyed OR ears	Retired: Months	years, list f			If less than two years, list former			
Occupation:		Employe					Number:	City:		State:	Employer below: Zip Code:	
☐ If Self-Employed	Full Ti	me	ime Emp	loyed OR	Retired:	Gross Income OR Retirement Income:						



Notice: Income from alimony of	ild support mainten	nee andlo	Applic	ant 1 Other Inco	ne				
Notice: Income from alimony, cl Source:	Monthly Amo		Source		aly Amount	Source	idered as a basi		
2011.001	\$, dans	504200	\$	ny raniount	Domce			
Have you filed bankruptcy	Have you filed bankruptcy in the last 7 years? ☐ Yes ☐ No				ave you applied for credit under a different name?				
Have you had any judgme	nts, repossession	hments, or legal	proceedings filed	against you in t	?	Yes No			
	If you ans	swered "	Yes" to any of th	ese questions, ple	ase evalain in	the lines helow			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100 to any of m	ese questions, pie	use expluin in	the tines below	4		
gar (getala), meteorie en en en Marija	(Pleas	se includ		ts for Applicant 1 as it may enhanc		(al chances)			
Type of Ac			About 6	Bank	-D	ar chances)	Baland	ne	
							Daram	,0	
(Please include payments and o	oligations that likely	Cred DO NOT	it References an already show up on t	d Other Expense	for Applican	f 1	here car loans	and furniture companies)	
Type of l				npany or Payee	A Room par				
Child Care						\$	sifferent name? Yes No 7 years? Yes No es below. here/pay here car loans and furniture companies) Monthly Obligation		
Child Support						\$			
Alimony						\$			
Car Loan						\$			
Other:						\$			
	•			Applicant 2					
Name (Last, First, Middle)				Social Sec	urity Number:				
Date of Birth (Mo/Date/Yr):			Driver's L	icense Number	/State:			
	Yes If ye	s, list:	County:	State:	State: If you answered "Yes" to the question, please explain in the lines below.				
			Applican	t 2 Address Histo	ory				
Current Address:	Home Phon	Home Phone Number (w/ area code): Cell Phone (w/ area code):							
City:	Email Add	Email Address:							
How long at this address?	Res	idency S		Mortgage (Company or La	ndlord Name:			
Years		Own [Rent [Relative Other						
Mortgage Company or Land	llord Address:			Mortgage (ompany or La	ndlord Phone N	Jumber:	Monthly Payment	
If you have been at your	Formar Add			Cit		T a.			
current address for less than two years, please list:	Former Addre	28.		City:		State:		Zip Code:	
Residency Status:		How lo	ong at this addres	s? Mortgage of	r Landlord (Na	me and Phone	Number):	Monthly Payment	
Own Rent Rela	tive Other	Y	ears Month	ıs				\$ per month	

				Applicant	2 Emp	oloyment History			A. L. W. C.		
Occupation:		Curren	t Emplo	oyer OR List Retir	ed:	Phone Number:	City:	State:	Zip Code:		
☐ If Self-Employed	1		Employed OR Re	tired:	Gross Income OR I	Retirement Income:	If less than tw years, list form Employer belo				
Occupation:		Employ	yer:	er:		Phone Number:	City:	State:	Zip Code:		
☐ If Self-Employed	Full Time Time				onths	Gross Income OR					
		ac .				Other Income					
Notice: Income from allinony,				Source	ments nee			dered as a bas			
Source	\$	onthly Ar	поши	Вошсе		Monthly Amount \$	Source		Month Amou		
Have you filed bankrupt	cy in the	last 7 ye	ars?	☐ Yes ☐ No	Hav	e you applied for cree	dit under a different n	ame?	☐ Yes ☐ N		
Have you had any judgn	nents, rep	ossessio	ns, garı	nishments, or legal	procee	edings filed against yo	ou in the last 7 years?		Yes N		
		If you an	swerea	l "Yes" to any of t	hese qı	uestions, please expla	in in the lines below.				
4 5 7 1 1	N										
		(Plea	se incl			Applicant 2 nay enhance your a	oproval chances)				
Type of A	Account			Bank				Balance			
			Cre	edit References ar	ad Oth	er Expenses for App	olicant 2				
(Please include payments and	obligation	s that likely	y DO NO	OT already show up on	the cred	lit bureau; such as child s	upport and buy here/pay l	iere car loan	s and furniture compani		
Туре с	of Bill			Company or Payee			Monthly Obligation				
Child Care							\$				
Child Support							\$				
Alimony						\$					
Car Loan						\$					
Other:							\$				
Financing											
Total Cash Down Payme	ent: \$					Total Trade Equity	For Down Payment:	\$			
Total % of Sales Price:						Total Down Paymer		\$			

Occupants									•	
					ccupant 1			The specific of the second second		
Name (Last, First, Midd	Social Security Number:				Date of Birth (Mo/Day/Yr):					
Current Address:				City:			State:		Zip Code:	
Have you ever been convicted of a felony?						State:		If you answ please expl	ered "Yes" to the question in the line below.	
	7.00				ecupant 2			,		
Name (Last, First, Midd			Social Secu				Date of Birth (Mo/Day/Yr):		
Current Address:				City:			State:		Zip Code:	
Have you ever been convicted of a felony?						State:		If you answ	ered "Yes" to the question in the line below.	
The second second								The bit is received by		
Name (Last, First, Midd	le):			Social Secu	ccupant 3	la de la companya de		Date of Birth (Ma/Day/Wa).	
Current Address:				City:		or.	Ctatas	Date of Bitti (
		75	I 0t				State:	Zip Code:		
Have you ever been convicted of a felony?	Yes No	If yes, list:	County:			State:		If you answ please expla	ered "Yes" to the questio in in the line below.	
		4		О	ccupant 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Name (Last, First, Midd	le):			Social Secu	rity Numbe	er:		Date of Birth (Mo/Day/Yr):	
Current Address:				City: State:			State:		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.		
ET MEN T										
lise his				Vehicl	e Informa	tion				
Year:		Make:			Model:			Plate/Li	Plate/License Number:	
Year:		Make:			Model:			Plate/License Number:		
Year:	Year: Make:			Model:			Plate/License Number:			
				Pet I	nformatio	n				
Do you have any pets tha	at will be liv	ing with yo	ou? (if per	mitted) 🗌 Y	es No	If yes, ho	w many?			
Type Breed			Color		Weight		Height	Age		
Additional Commer										

		General In	formation		
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 ☐ Fly	rers			
2. If this will b	e a second home or partial reside	ence, what is the address	of your primary residence?		
	Street Address	City	Shah	- <u> </u>	Di 27 4
			State	Zip Code	Phone Number
How 1	nany months each year do you p	plan to live at this address	within the community?		
	:- bl	1	S		
What	is the reason for your move (job	, relocations, change of it	ie status, etc.)?		
☐ A re ☐ An c ☐ An c ☐ An c ☐ An c	ne is: Inted apartment Inted house Inted Manufactured Home Inted Manufactured Home Interview apartment Interview house Interview Manufactured Home Interview and Manufactured Home Interview				
4. Do you own: RV Tent	☐ Yes ☐ No Camp ☐ Yes ☐ No				
5. Have you eve	er lived in a manufactured housi	ng community before?	☐ Yes ☐ No		
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.



Sign	atn	res
MACH	ulu	LOU

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):			
Occupant I (over 18): _	Print Name	Signature	Date (Mo/Day/Yr)
			2410 (110/24)/11)
Occupant 2 (over 18): _	Print Name	Signature	
	Tille Ivanic	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)
******************************	Disc	closure	******************************
Non-Refundable Resident A	Application Screening Fee per Adult (18 years		
percenting service contact in	normation. Origen Financial Services LLC, 2	7777 Franklin Road, Suite 1710, Southfield, MI	48034, (248) 746-4710.
************************			*************************
	Inter	nal Use	

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