



Carol Lynn Resorts, Inc.

33 Fremont Ave, Woodbine NJ 08270

PH (609) 861-5200 * Email carollynresorts33@comcast.net

Application Process Instructions & Checklist

- **Applicants may not occupy the premises prior to approval.**
- Applications must be received at least **15 days** prior to the intended date of occupancy or closing.
- Site must have maintenance fees & property taxes, current for application to be considered.
- **Credit Check** – Applicants have the option to submit a current credit report so long as it is within 30 days from the date of submission and applicants name(s) match driver's license. If a credit report is not submitted Carol Lynn Resorts, Inc. will run one on your behalf.
- **Background Check** – Carol Lynn Resorts, Inc. runs a background check on all applicants. Applicants may submit their own background check from their employer within 90 days from the date of application.
- **Seasonal Campsites-** Sites shall be occupied for no more than **210 days** in any given calendar year. No age restriction.
- **Year-round Campsites** - A maximum of 35% of all campsites may be designated for Year-Round Status and have an age requirement of 55 +, no more than 2 adults per site. Carol Lynn Resorts, Inc. retains the sole right to grant, subject to availability, Year-Round Status.
- **Signed Authorization Form and Copies Driver(s) License or Government ID**
- **Application Fee** – \$75.00 per applicant, non-refundable.
- All applicants, occupants and/or guests are required to abide by the governing CLR Documents as well as the Rules and Regulations. Lease Owners are responsible for the actions of their occupants and/or guests, including damages to the community. Accordingly, it is the Lease Owner's responsibility to provide copies of all CLR documents to the Applicants. Carol Lynn Resorts Inc. is committed to the enforcement of all policies, laws, rules, and regulations.



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Application of Occupancy Form

Contact the office at 609-861-5200, or email carollynresorts33@comcast.net should you have any questions or concerns. Applications may be returned via mail, email or dropped off at the office (there is a lockbox located next to the office door if no one is present).

Please type or print clearly:

You must provide all the required information for your application to be reviewed.

Site # _____ Projected Closing Date: _____
Date Submitted: _____ Date Received: _____

Applicant's Name: _____

Co-Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____ / _____

Email: _____ / _____

Name of Seller/Listing Agent: _____ Phone # _____

Applying for: Seasonal Campsite: _____ Year-round Campsite: _____

Please list below every person who will occupy your site.

Occupant Name	Age	Date of Birth	Relationship
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____

Please list all vehicles that will be parked at the site on a regular basis:

Make	Model	Year	Registered Owner/Driver
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____

References

Reference Name	Relationship	Phone #	Email
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____
_____	/ _____	/ _____	/ _____

Signatures of Applicant(s)

Date

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Background & Credit Check Authorization Form

***Please provide a copy of each applicants Drivers License**

You are hereby authorized to release to all information requested with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references to Carol Lynn Resorts Inc (CLR). This information is to be used for my/our credit report for my/our Application for Occupancy.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is for the exclusive use of Carol Lynn Resorts Inc. for residential screening purposes only.

I/We further state the Application of Occupancy and Authorization Form were signed by me/us and were not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our proper signature.

I/We certify under penalty of perjury that the foregoing is true and correct.

Applicant's Signature

Date

Print Applicant's Name

Applicant's Social Security Number

Applicant's Date of Birth

Co-Applicant's Name

Date

Print Co-Applicant's Name

Co-Applicant's Social Security Number

Co-Applicant's Date of Birth

NOTE TO APPLICANTS: Banks and some employers require your signature and name printed as authorization to verify information. If it is not your bank or employer's policy to verify by fax or verbally – please enclose a copy of your most recent bank statement and check stub.