

Carol Lynn Resorts Inc

33 Fremont Avenue, Woodbine, New Jersey 08270

Phone 609-861-5200 Fax 609-427-6248

www.carollynresorts.com

APPLICANTS: Most banks, financial institutions, mortgage companies and employers require your signature and name printed to verify information. Please complete the form below. Thank you.

*****AUTHORIZATION FORM*****

You are hereby authorized to release to any and 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.

PLEASE INCLUDE COPY OF DRIVER'S LICENSE

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

Co-Applicant's Signature

Date

Print Applicant's name

Print Co-Applicant's name

Applicant's Social Security Number

Co-Applicant's Social Security Number

Applicant's Date of Birth

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. Thank you!

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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** of \$75.00 made payable to Carol Lynn Resorts, Inc., to pay by card please contact the office.
- 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.
- 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).

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Application of Occupancy Form

Please type or print clearly:

Date: _____

Applicant's Name: _____

Co-Applicant's Name: _____

Present Address: _____ City: _____

State: _____ Zip: _____ Phone: _____/_____

Email: _____/_____

Site # _____ Projected Closing Date _____

Name of Seller/Listing Agent _____

Applying for a Seasonal Campsite _____ or Year-round Campsite _____

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

Please list below every person who will occupy your site.

Occupant Name	Age	Date of Birth	Relationship
1. _____			
2. _____			
3. _____			
4. _____			

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

Make	Model	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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References

Reference 1

Name: _____

Phone: _____

Relationship to applicant: _____

Email: _____

Reference 2

Name: _____

Phone: _____

Relationship to applicant: _____

Email: _____

Reference 3

Name: _____

Phone: _____

Relationship to applicant: _____

Email: _____

Signatures of Applicant(s):

Signature

Printed name

Signature

Printed name