

The Old Mill Application for Extended Stay

Applicant Information

Name:		/ No. of persons residing in RV :		
Date of birth:	Year:	Make of RV:	Length:	Phone:
Current address:				
City:	State:	ZIP Code:		
Own Rent (Please circle)	Monthly payment or rent:			How long?
Previous address: (If less than 2 years)				
City:	State:	ZIP Code:		
Owned Rented (Please circle)	Monthly payment or rent:			How long?

Employment Information

Current employer:				
Employer address:				How long?
Phone:	E-mail:		Fax:	
City:	State:	ZIP Code:		
Position:	Hourly Salary (Please circle)	Annual income:		

Emergency Contact

Name of a person not residing with you:				
Address:				
City:	State:	ZIP Code:	Phone:	
Relationship:				

Co-applicant Information

Name:				
Date of birth:				Phone:
Current address:				
City:	State:	ZIP Code:		
Own Rent (Please circle)	Monthly payment or rent:			How long?
Previous address:				
City:	State:	ZIP Code:		
Owned Rented (Please circle)	Monthly payment or rent:			How long?

Co-applicant Employment Information

Current employer:				
Employer address:				How long?
Phone:	E-mail:		Fax:	
City:	State:	ZIP Code:		
Position:	Hourly Salary (Please circle)	Annual income:		

References

Name:	Address:	Phone:

I authorize the verification of the information provided on this form as to my credit and employment application.

Signature of applicant:	Date:
Signature of co-applicant:	Date: