



Acton KOA

7601 Soledad Canyon Road
Acton, CA 93510
Office: (661) 268-1214

acton@koa.com

RV SPACE APPLICATION

Staff Use Only:

<i>RV Space Number:</i> _____	<i>Monthly Rent:</i> _____	<i>Date Application Received:</i> _____
<i>Expected Arrival Date:</i> _____	<i>Expected Departure Date:</i> _____	
<i>Applicant referred to KOA by:</i> ___ Newspaper ___ Sign ___ Internet ___ Flyer ___ Other _____		
<i>Applicant copy of:</i> <input type="checkbox"/> SS Card <input type="checkbox"/> DL	<i>Non-Refundable Application Fee:</i> \$ _____	
<i>Spouse copy of:</i> <input type="checkbox"/> SS Card <input type="checkbox"/> DL	<i>Application Status:</i> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<i>Per:</i> _____

Applicant Information:

Last: _____ *First:* _____ *Middle:* _____ *Birth Date:* _____

Social Security No.: _____ *Driver's License No.:* _____ *State:* _____

Permanent Address: _____ *City:* _____ *Zip:* _____

Phone No.: _____ *Email:* _____

Spouse:

Last: _____ *First:* _____ *Middle:* _____ *Birth Date:* _____

Social Security No.: _____ *Driver's License No.:* _____ *State:* _____

Permanent Address: _____ *City:* _____ *Zip:* _____

Phone No.: _____ *Email:* _____

Additional Occupants: Name all other persons who will occupy the premises: A separate application is required for all applicants 18 years or older, except spouse. Additional charges may apply.

<i>First Name:</i> _____	<i>Last:</i> _____	<i>Relationship:</i> _____	<i>Age:</i> _____
<i>First Name:</i> _____	<i>Last:</i> _____	<i>Relationship:</i> _____	<i>Age:</i> _____
<i>First Name:</i> _____	<i>Last:</i> _____	<i>Relationship:</i> _____	<i>Age:</i> _____
<i>First Name:</i> _____	<i>Last:</i> _____	<i>Relationship:</i> _____	<i>Age:</i> _____

Emergency Contact:

Relationship: _____ *Name:* _____ *Phone:* _____

Address: _____ *E-mail:* _____

RV SPACE APPLICATION

RV Information:

Year:	RV Type:	Make/Model:	Color:	Length:
# of Slide-Outs:	RV Plate #:	30A/50A		
Expected Arrival Date :		Expected Arrival Date :		

Vehicles: List all vehicles, motorcycles to be parked in your RV space. Parking is limited and you may be asked to find alternate parking arrangements for certain vehicles. Additional charges may apply.

#1	Year & Type:	Color:	Make & Model:	State/License:
#2	Year & Type:	Color:	Make & Model:	State/License:
#3	Year & Type:	Color:	Make & Model:	State/License:

Pets: List all pets to be kept on the premises (*dogs, cats, birds, reptiles, fish and other pets*). Additional charges and restrictions apply:

Type & Breed:	Name:	Age & Color:	Weight:
Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Declawed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Rabies Shots Current? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type & Breed:	Name:	Age & Color:	Weight:
Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Declawed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Rabies Shots Current? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Address:

Present RV Park Name & Address: _____

Owner/Manager:	Phone:
Date Moved-In	Move-Out Date:

Reason for leaving: _____

Previous RV Park Name & Address: _____

Owner/Manager:	Phone:
Date Moved-In	Move-Out Date:

Reason for leaving: _____

RV SPACE APPLICATION

Applicant Employment History:

Applicant's Current Employer & Address: _____
Position:

Supervisors Name: _____
Phone:

Start Date: _____
End Date: _____
Gross Mo. Income:

Applicant's Previous Employer & Address: _____
Position:

Supervisors Name: _____
Phone:

Start Date: _____
End Date: _____
Gross Mo. Income:

Spouse Employment History:

Spouse's Current Employer & Address: _____
Position:

Supervisors Name: _____
Phone:

Start Date: _____
End Date: _____
Gross Mo. Income:

Spouse's Previous Employer & Address: _____
Position:

Supervisors Name: _____
Phone:

Start Date: _____
End Date: _____
Gross Mo. Income:

Additional Questions: If yes, please explain.

	<u>Yes</u>	<u>No</u>	<u>Explanation:</u>
a) Will Applicant maintain RV insurance?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) Has Applicant ever been evicted?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c) Been asked to move out by a landlord?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d) Breached a lease or rental agreement?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e) Had any credit problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____
f) Been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	_____
g) Been sued for nonpayment of debt?	<input type="checkbox"/>	<input type="checkbox"/>	_____
h) Is any occupant a registered sex offender?	<input type="checkbox"/>	<input type="checkbox"/>	_____
i) Are there any criminal matters pending?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Agreement & Authorization Signature

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand this is an application to rent an RV space and does not constitute a rental or lease agreement in whole or part. If application is approved and I decide to rent a space at Acton KOA I agree to be bound by the terms of the attached agreement and by the park rules and regulations. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope. If approved, I understand that there is a minimum 30% required deposit that will apply towards my monthly rent. This deposit is non-refundable if I decide to cancel my reservation or terminate my stay early.

Applicant Signature:

Date:

Spouse Signature:

Date: