



Equity LifeStyle Properties

Dear Prospective Resident:

Thank you for your interest in residing in Williams Estates and Peppermint Woods. Below is a list of instructions to follow in order to submit an application to the Community:

1. Please review all the information enclosed in this Application Package.
2. Please fill out application carefully and completely.
 - a. Provide verification of a monthly minimum gross income of \$2,000 thru:
 - i. (2) Most recent paystubs
 - ii. Social Security award letter or (2) months bank statements showing award deposit
 - iii. Self-employed applicants need to provide (2) most recent tax returns (calculation of monthly income will be based on line 20 (Net Income))
 - b. Submit a \$50.00 Application Fee per Lease Holder (Make out to ELS)
 - c. Submit a \$30.00 Additional Occupant Application Fee for each additional occupant over 18 years of age for a criminal background check.
 - d. Provide a picture ID and social security card for all occupants over 18 years of age.
3. Please allow a week for us to process your application. In regards to applicants purchasing a pre-owned home in the Community, your home **MUST** be approved for re-sale before you can sign a lease to live in Williams Estates or Peppermint Woods.
4. Once the application has been approved, you must contact this office to make arrangements to sign a Rental Agreement **BEFORE** you purchase or move into the home.

When you buy the home and come in to sign your Rental Agreement for the lot, you will need to bring in the following:

1. A Security deposit equal to two (2) month's rent
2. First month's rent
3. Verification of homeowner's insurance for a year showing minimum personal liability coverage of \$100,000 and list ELS as "Additional Insured" or "Interested Party".

If you have any questions regarding the above items or the approval of your application, please call our office at 410-686-0077.

Thank you for considering our Community for your residence. We look forward to working with you.

Very truly yours,

E.L.S.

Williams Estates & Peppermint Woods
112 Whistle Stop Road, Baltimore, MD 21220 TEL: 410-686-0077 Fax: 410-510-1271



Equity Lifestyle Properties

Williams Estates & Peppermint Woods

Site Rent Information Sheet

January 1, 2017

WILLIAMS ESTATES:

Basic Site Rent	\$670.00	<u>Expansion D/W</u>	\$702.00
Balt. Co. Tax	\$20.00		\$20.00
Total Rent	<u>\$690.00</u>		<u>\$722.00</u>
Security Deposit	\$1,380.00		\$1,444.00

Expansion Sites:

127, 129, 131, 133, 135 and 151 Cowhide Circle
101, 125, 127, 129 and 132 Day Coach Circle
107, 109, 111, 120, 132, 134, 136, 138, 139, 140 and 142 Lariat Road
117, 119, 121, 123, 125, 127, 131, 133, 135, 137, 139, 141, 143 and 145 Rodeo Circle
100, 105, 107 and 136 Round Up Road

PEPPERMINT WOODS

	<u>Single Wide</u>	<u>Double Wide</u>	
Basic Site Rent	\$700.00		\$720.00
Balt. Co. Tax	\$20.00		\$20.00
Total Rent	<u>\$720.00</u>		<u>\$740.00</u>
Security Deposit	\$1,440.00		\$1,480.00

Bank	Harford Bank	Bay VanGuard/ Sebrite Corporation	Mainland Financial
Phone Number	410-942-4000	410-477-5000	856-629-0216
Contact	John Kosnicki	Jamie Gerber - Ext. 33	Anthony Salamone Jr.
Down Payment	10% and up	20% and up	10% and up
Rates	Start at 8.25%	Start at 8.25%	Start at 7.75 %
Year of home	Newer than 10 yrs or older than 10 yrs case by case	Newer than 1982	Newer than 1976
Criteria	Depends on Credit Situation	Depends on Credit Situation	Depends on Credit Situation
	8 W. Bel Air Avenue P.O. Box 640 Aberdeen, MD 21001		

Bank	Triad Financial Services	APGFCU	Park Lane Financial
			<u>Solutions</u>
Phone Number	1-800-522-2013	1-888-562-6391	434-975-5088
Contact	www.triadfs.com	Diane Semenkow	Rick Carson
			Fax: 866-656-3154



Equity LifeStyle Properties, Inc.

Residency Application – All States Except California

Date:		Community Name:		<input type="checkbox"/> An all-ages community <input type="checkbox"/> A 55-and-over community		Contact:		Phone Number (w/area code):	
Site Address:		Site #:		City:		State:		Zip Code:	
Lot Rent (w/out concessions):		Home Payment:		Purchase Price:		Desired Move-In Date:			
\$ per month		\$ per month		\$					
Year:		Length/Width:		Model:		Serial Number:		Who is the Seller?	
Type of Application:		Home Type:		Source of Home:		Home Use:			
<input type="checkbox"/> Homeowner only <input type="checkbox"/> Lease/Lease to own <input type="checkbox"/> Seasonal Rental		<input type="checkbox"/> New <input type="checkbox"/> Pre-Owned		<input type="checkbox"/> Inventory <input type="checkbox"/> Brokered <input type="checkbox"/> Retail Farmer <input type="checkbox"/> Private/Other		<input type="checkbox"/> Primary Residency <input type="checkbox"/> Secondary Residency <input type="checkbox"/> Other:			
For "Residency Only" application, indicate source of home financing:		<input type="checkbox"/> Cash		<input type="checkbox"/> Outside Lender (Loan #, Lender Name & Phone number):		<input type="checkbox"/> Private Move-in			

Applicant Information

Applicant 1

Name (Last, First, Middle): Social Security Number:

Date of Birth (Mo/Date/Yr): Driver's License Number/State:

Applicant 1 Address History

Current Address:		Home Phone Number (w/ area code):		Cell Phone (w/ area code):	
City:		State:		Zip Code:	
Email Address:		Mortgage Company or Landlord Name:		Mortgage Company or Landlord Phone Number:	
How long at this address?		Residency Status:		Monthly Payment	
Years Months		<input type="checkbox"/> Own <input type="checkbox"/> Relative <input type="checkbox"/> Rent <input type="checkbox"/> Other		\$ per month	
Mortgage Company or Landlord Address:		City:		Zip Code:	
Former Address:		Mortgage Company or Landlord (Name and Phone Number):		Monthly Payment	
How long at this address?		Years Months		\$ per month	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other					

Applicant 1 Employment History

Occupation:		Current Employer OR Last Retired:		Phone Number:		City:		State:		Zip Code:	
<input type="checkbox"/> If Self-Employed		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Time Employed OR Retired:		Gross Income OR Retirement Income:		If less than two years, list former Employer below:			
		Employer:		Years Months		\$ per month		City:		State:	
<input type="checkbox"/> If Self-Employed		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Time Employed OR Retired:		Gross Income OR Retirement Income:		Phone Number:		Zip Code:	
				Years Months		\$ per month		City:		State:	

Applicant 1: Other Income

Notice: Income from alimony, child support, maintenance, and/or public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation.

Source:	Monthly Amount \$	Source	Monthly Amount \$	Month Amount \$
Have you filed bankruptcy in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for credit under a different name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had any judgments, repossessions, garnishments, or legal proceedings filed against you in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list State:

If you answered "Yes" to any of these questions, please explain in the lines below.

Assets for Applicant 1

(Please include Liquid Assets as it may enhance your approval chances)

Type of Account	Bank	Balance

Credit References and Other Expenses for Applicant 1

(Please include payments and obligations that likely DO NOT already show up on the credit bureau; such as child support and buy here/pay here car loans and furniture companies)

Type of Bill	Company or Payee	Monthly Obligation
Child Care	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Car Loan	\$	\$
Other:	\$	\$

Applicant 2

Name (Last, First, Middle): _____ Social Security Number: _____
 Date of Birth (Mo/Date/Yr): _____ Driver's License Number/State: _____

Applicant 2 Address History

Current Address:	Home Phone Number (w/ area code):	Cell Phone (w/ area code):
City:	State:	Zip Code:
How long at this address?	Residency Status:	
Years	Months	<input type="checkbox"/> Own <input type="checkbox"/> Relative
Mortgage Company or Landlord Address:	Company or Landlord Address:	<input type="checkbox"/> Rent <input type="checkbox"/> Other
Mortgage Company or Landlord Phone Number:		Monthly Payment
City:		\$ per month
State:		Zip Code:
Former Address:		Monthly Payment
How long at this address?		\$ per month
Residency Status:	Mortgage or Landlord (Name and Phone Number):	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Relative <input type="checkbox"/> Other	Years	Months
Mortgage or Landlord (Name and Phone Number):		Monthly Payment
City:		\$ per month
State:		Zip Code:



Applicant 2 Employment History

Occupation:		Current Employer OR List Retired:	Phone Number:	City:	State:	Zip Code:
<input type="checkbox"/> If Self-Employed	<input type="checkbox"/> Full Time	Time Employed OR Retired:	Gross Income OR Retirement Income:	per month	State:	Zip Code:
	<input type="checkbox"/> Part Time					
Employer:		Phone Number:	City:	State:	Zip Code:	
<input type="checkbox"/> If Self-Employed	<input type="checkbox"/> Full Time	Time Employed OR Retired:	Gross Income OR Retirement Income:	per month	State:	Zip Code:
	<input type="checkbox"/> Part Time					

Applicant 2 Other Income

Notice: Income from alimony, child support, maintenance, and/or public support payments need not be revealed if you do not wish to have them considered as a basis for paying this obligation.

Source	Monthly Amount \$	Monthly Amount \$	Source	Month, Amount \$
Have you filed bankruptcy in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for credit under a different name?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any judgments, repossessions, garnishments, or legal proceedings filed against you in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Country:	State:	

If you answered "Yes" to any of these questions, please explain in the lines below.

Assets for Applicant 2
(Please include Liquid Assets as it may enhance your approval chances)

Type of Account	Bank	Balance

Credit References and Other Expenses for Applicant 2
(Please include payments and obligations that likely DO NOT already show up on the credit bureau, such as child support and buy here/pay here car loans and furniture companies)

Type of Bill	Company or Payee	Monthly Obligation
Child Care	\$	
Child Support	\$	
Alimony	\$	
Car Loan	\$	
Other	\$	

Financing

Total Cash Down Payment	\$	Total Trade Equity For Down Payment:	\$
Total % of Sales Price:		Total Down Payment (Cash Down payment + Total Trade Equity):	\$

Occupants

Occupant 1			
Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	
Current Address:	City:	State:	Zip Code:
Occupant 2			
Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	
Current Address:	City:	State:	Zip Code:
Occupant 3			
Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	
Current Address:	City:	State:	Zip Code:
Occupant 4			
Name (Last, First, Middle):	Social Security Number:	Date of Birth (Mo/Day/Yr):	
Current Address:	City:	State:	Zip Code:

Vehicle Information			
Year:	Make:	Model:	Plate/License Number:
Year:	Make:	Model:	Plate/License Number:
Year:	Make:	Model:	Plate/License Number:

Pet Information				
Do you have any pets that will be living with you? (if permitted) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?				
Type	Breed	Color	Weight	Height
				Age

Additional Comments

General Information

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 Flyers

2. If this will be a second home or partial residence, what is the address of your primary residence?

Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____

How many months each year do you plan to live at this address within the community? _____

What is the reason for your move (job, relocations, change of life status, etc.)? _____

3. Current Home is:

- A rented apartment
- A rented house
- A rented Manufactured Home
- An owned apartment
- An owned house
- An owned Manufactured Home
- Living with a relative or friend

4. Do you own:

- RV Yes No
- Tent Camp Yes No

5. Have you ever lived in a manufactured housing community before? Yes No
If yes, what community? _____

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.



Signatures

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 precursor 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):	_____	_____	_____
	Print Name	Signature	Date (Mo/Day/Yr)
Occupant 2 (over 18):	_____	_____	_____
	Print Name	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)

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Internal Use

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

REQUEST FOR VERIFICATION OF EMPLOYMENT

Privacy Act Notice: This information is to be used by the agency collecting or as its assigned in determining whether you qualify under its resident program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA), by 12 USC, Section 1701 et. seq. (if HUD/FHA), by 42 USC, Section 1452b (if HUD/CPD), and Title 42 USC, 1471 et. seq. or 7 USC, 1921 et. seq. (if USDA/FMHA)

Instructions Agency - Complete items 1 through 7. Have applicant(s) complete item 8. Forward directly to employer named in item 1.
 Employer - Please complete Part II or Part III as applicable. Complete Part IV and return directly to agency named in item 2.
The form is to be transmitted directly to the agency and is not to be transmitted through the applicant or any other party.

PART I - Request

1. To (Name and address of employer)

2. From (Name and address of agency)

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other party.

3. Signature of Agency 4. Title 5. Date 6. Agency Number (optional)

I have stated that I am or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant(s) 8. Signature of Applicant(s)

Part II - Verification of Present Employer

9. Applicant's Date of Employment 10. Present Position 11. Probability of Continued Employment

12. Current Gross Base Pay (Enter Amount and Check Period)
 Annual Hourly 13. For Military Personnel Only

Pay Grade					
Type					
Base Pay	\$	Base Pay	\$	14. If Overtime or Bonus is Applicable, is its Continuance Likely?	
Overtime	\$	Rations	\$	Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions	\$	Flight/Hazard	\$	Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonus	\$	Clothing	\$	15. If paid hourly, average hours per week	
Total	\$	Quarters	\$	16. Date of Applicant's next pay increase	
20. Remarks (If employee was off work for any time, please indicate time period and reason)					

Part III - Verification of Previous Employer

21. Date Hired 23. Salary/Wage at Termination per (Year) (Month) (Week)

22. Date Terminated Base Overtime Commission Bonus

24. Reason for Leaving 25. Position Held

Part IV - Authorized Signature

Federal Statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issue of any guaranty of insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer 27. Title (please print or type) 28. Date

29. Print or type name signed in item 26 30. Phone Number

Request For Verification Of Mortgage Loan Or Rent

Privacy Act Notice: This information is to be used by the agency collecting or as its assigned in determining whether you qualify under its resident program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA), by 12 USC, Section 1701 et. seq. (if HUD/FHA), by 42 USC, Section 1452b (if HUD/CFD), and Title 42 USC, 1471 et. seq. or 7 USC, 1921 et. seq. (if USDA/FMHA)

Instructions Agency - Complete items 1 through 8. Have applicant(s) complete item 8. Forward directly to creditor named in item 1.
 Landlord/Creditor - Please complete Part II and return directly to agency named in item 2.
 The form is to be transmitted directly to the agency and is not to be transmitted through the applicant or any other party.

PART I - Request

1 To (Name and address of creditor)

2 From (Name and address of agency)

3 Signature of Agency X 4 Title 5 Date 6 Agency Number (optional)

7 Information to be verified: Account Name of Assurant (Account) Number

Rental Mortgage

8 Name and Address of Applicant(s) 9 Signature of Applicant(s)

Part II - To Be Completed By Mortgagee/Creditor/Landlord

We have received an application from the above applicant. In addition to the information requested below, please furnish us with any information you might have that will assist us in considering the application.

Rental

Mortgage Account

Tenant has rented since _____	Date mortgage originated _____
and rented until _____	Original mortgage amount \$ _____
Amount of rent \$ _____ per _____	Current mortgage balance \$ _____
Is rent in arrears? Yes _____ No _____	Monthly payment P&I only \$ _____
If so, Amount \$ _____ Period _____	Payment with taxes and insurance \$ _____
Number of late payments (over 30 days) in past 12 months _____	Is mortgage current? Yes _____ No _____
Is account satisfactory? Yes _____ No _____	Is mortgage assumable? Yes _____ No _____
Did the person violate the terms of the lease in any manner? Yes _____ No _____	Satisfactory Account? Yes _____ No _____
If so, please explain _____	Number of late payments (over 30 days) in past 12 months _____
Would you rent to this former resident again? Yes _____ No _____	

* Please provide a payment history for the previous 12 months.

Additional information which may be of assistance in determination of the application:

Authorized Signature

Title (please print or type)

Date