

SLC KOA / VIP RESIDENTIAL COMMUNITY APPLICATION FOR **MONTHLY RESIDENTS**
Incomplete applications will be automatically denied

DATE RECEIVED _____ SITE # _____

**ALL RESIDENTS OVER 18 MUST FILL OUT AN APPLICATION AND SUBMIT TO A BACKGROUND
CRIMINAL CHECK**

APPLICANT NAME: _____
FULL LEGAL FIRST, MIDDLE, AND LAST NAME

ALIAS OR OTHER NAME YOU USE OR HAVE USED _____

SOC. SECURITY # _____ DATE OF BIRTH ____/____/____

PERMANENT ADDRESS : _____

CITY _____ STATE _____ ZIP CODE: _____

PREVIOUS ADDRESS IF LESS THAN 5 YRS : _____

CITY _____ STATE _____ ZIP CODE: _____

HOME PHONE : _____ CELL PHONE: _____

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A CRIME? YES___ OR NO ___

WHAT WERE THE CHARGES? _____ WHEN? _____ WHAT

STATE? _____ WAS THIS A FELONY CHARGE? _____

OCCUPANTS : NAME _____ DOB _____
UNDER 18

NAME _____ DOB _____

NAME _____ DOB _____

NAME _____ DOB _____

*** NO OTHER PEOPLE MAY MOVE IN WITHOUT PRIOR APPROVAL FROM OFFICE. ***

PETS? * Separate form required

(1 Large dog 30 lbs or more **OR** 2 small dogs 15 lbs or less each, indoor pets only) A SEPARATE PET AGREEMENT MUST BE SIGNED AND ATTACHED TO THIS FORM

1. TYPE: _____ BREED: _____ COLOR: _____ SIZE/WT _____

CITY LICENSE # _____ VACCINATION CERTIFICATE PRESENTED YES NO

2. TYPE: _____ BREED: _____ COLOR: _____ SIZE/WT _____

CITY LICENSE # _____ VACCINATION CERTIFICATE PRESENTED YES NO

RV:

YEAR _____ MODEL _____ LENGTH _____ NUMBER OF SLIDES _____

MAKE _____ COLOR _____ LICENSE # _____ STATE _____ EXPIRATION DATE _____

OTHER VEHICLES:

1. YEAR: _____ MAKE: _____ MODEL: _____ COLOR _____

LICENSE # _____ STATE: _____ EXPIRATION DATE _____

2. YEAR: _____ MAKE: _____ MODEL: _____ COLOR _____

LICENSE # _____ STATE: _____ EXPIRATION DATE _____

WHAT TYPE WORK DO YOU DO?

OCCUPATION: _____ NAME OF YOUR COMPANY : _____

WORK ADDRESS AND PHONE NUMBER: _____

JOB TITLE: _____ NAME OF SUPERVISOR _____

AN EMERGENCY CONTACT NAME, PHONE AND ADDRESS _____

THEIR RELATIONSHIP TO YOU _____

BY SIGNING BELOW, I CERTIFY THAT ALL THE COMPLETED ABOVE IS ACCURATE. I ALSO AUTHORIZE KOA/VIP MANAGEMENT TO RUN AN APPLICANT SCREENING REPORT WHICH WILL BE CONDUCTED BY WESTERN REPORTING INC. CURRENT FEES WILL APPLY.

APPLICANT _____ DATE _____
PRINTED

APPLICANT SIGNATURE _____