

# APPLICATION FOR MONTH-TO-MONTH RENTAL

ROVERS R.V. PARK  
3299 E. ALSEA HIGHWAY, P O BOX 976  
WALDPORT, OR 97394-0976  
(541) 563-3485

**Please print clearly and legibly**

REQUESTED MOVE-IN DATE: \_\_\_\_\_ LENGTH OF STAY REQUESTED: \_\_\_\_\_

REASON FOR STAY: \_\_\_\_\_  
(extended vacation, relocation, etc.)

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OCCUPANTS 17 YEARS OF AGE OR YOUNGER? \_\_\_\_\_ (Please list names and DOB on reverse)

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EMPLOYER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW LONG: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CURRENT LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

PREVIOUS LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

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HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No  
IF YES, STATE AND COUNTY OF CONVICTION: \_\_\_\_\_

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PLEASE LIST THREE REFERENCES NOT RELATED TO YOU:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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YEAR AND MAKE OF RV UNIT\*: \_\_\_\_\_ LENGTH: \_\_\_\_\_  
(If older than 2009, please include a front and side view photo)

YEAR AND MAKE OF AUTO: \_\_\_\_\_

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PETS\*: Y N # of PETS: \_\_\_\_\_ TYPE OF PET: \_\_\_\_\_

\* Pets must be current with vaccinations.

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CURRENT COVID VACCINE: Y N (Valid vaccination card may be requested.)

Applicant hereby certifies the information provided herein is true and correct and authorizes Landlord to make any and all inquiries necessary to evaluate this application. Applicant understands and accepts that any information provided to Landlord that is incomplete, inaccurate or false shall be grounds for denial or subsequent termination of tenancy upon determination of such false information.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

Additional Information