

**Lighthouse Beach RV Resort Campground**  
**APPLICATION PROCESS PROCEDURES FOR NEW SEASONAL RESIDENTS**  
**AND RESIDENT TRANSFER OF SEASONAL SITES**

**No Personal Checks Accepted for these Fees**  
Credit Card/Cashiers Check/ Money Order Accepted

Residency Fees for Lighthouse Beach: \$50 Application per Individual, \$35 Criminal Background Only, \$400 Initial Registration/Seasonal Lot Hold, \$150 Transfer Fee. Please reference the application procedures below to see how these fees apply.

1. **\$50 Application fee for Credit & Background Check. Non-Refundable – MUST BE 21 YEARS OF AGE AND EMPLOYED TO BE A SIGNER ON A LICENSE AGREEMENT**
  - a. **Married (different last names) or with significant other - \$50 per separate name.**  
Each person with different last name needs a separate credit and background form completed to be a signer on the license agreement.
  - b. **Married (same last names) - \$100** includes both husband & wife credit and background check. Both husband and wife can be processed on the same application as applicant #1 & #2.
  - c. **All person(s) 18 years** - or older residing at the RV site for more than one week in a given camping season must be listed on the application and license agreement and complete a background check form, **NO EXCEPTIONS**. There is a charge of \$35 for each additional criminal background check.
  - d. **Please refer to our Occupancy Rule #6, A licensee must be present at the site at all times.**  
Please be sure to consider this issue when completing your application, if you have questions please feel free to ask our office for assistance.

**Must provide a copy of your last two paystubs with the completed application. If self-employed provide a copy of your previous year tax return.**

**Note:** Names listed on the Title to the RV **MUST** be a signer on the license agreement. Copy of the Title is required for the file or copy of finance agreement if applicable.

**Felony Convictions:** Any applicant with a Felony Conviction within the past 7 years of their application will be denied residency in Lighthouse Beach RV Resort Campground.

The application process may take as much as three weeks to process. As soon as the results are received, we will contact you to inform you of the status and follow-up with a letter.

2. **\$400 Initial Registration /Seasonal Lot Deposit Fee** is required to reserve a seasonal RV site. We cannot hold more than one site per application. A site cannot be held without a lot hold deposit. **Lot holds are only held for a maximum of 30 days from application approval.**
  - a. Applicant has three (3) days from date of signing the application to cancel and receive a refund. After three (3) days of the signing of the application the Lot Hold Fee is only refundable if residency is denied by Mid Atlantic Shore Properties, Inc./t/a Lighthouse Beach RV Resort Campground.
  - b. A **\$400 Renewal Fee** is charged in **September of each year** for seasonal winter storage/lot hold deposit on seasonal RV sites.
3. **Transfers**—A transfer fee is required when an RV site transfers by sale or a current resident is moving from one site to another site in the resort campground. The Transfer Fee is \$200.00 and in the event of a sale of the RV the buyer pays the transfer fee at the time of the signing of their license agreement. In the case of a resident that is transferring sites within the campground, it may be necessary to complete a new application for residency. If the resident has been in residency more than two (2) years a new background and credit check is required. Current Residents with more than two years in residency will be required to complete a new application for residency as stated below. **Residents must have occupied their current seasonal site for at least one entire season and current on their seasonal rental payments and have no violations in order to be eligible for transfer to another site.**

**Important Note:** The RV trailer cannot be moved to the new site until all the proper paperwork has been completed and the new license agreement signed. All sheds, decks, patio or other structures must meet current building codes and community standards to be transferred to the new site. The current site must be left in good condition and clear of any debris and left ready for a new occupant.

SITE # \_\_\_\_\_

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

Office Use Only
Processed _____
CR # _____
BK# _____



Office Use Only
New Move In _____
Add To (License Agreement) _____
Transfer: _____

## **APPLICATION FEES AND DEPOSITS**

**Applicants must be 21 years of age to be a signer on a License Agreement, NO EXCEPTIONS**

Application Fee: \$ **50.00** Credit Card/Money order/Cashiers Check (No personal checks) \_\_\_\_\_  
per applicant **Circle Payment Type** Date

Background Only: \$ **35.00** Credit Card/Money order/Cashiers Check (No personal checks) \_\_\_\_\_  
per applicant **Circle Payment Type** Date

Lot Hold Deposit: \$ \_\_\_\_\_ Credit Card/Money order/Cashiers Check (No personal checks) \_\_\_\_\_  
(\*If Applicable – See below) **Circle Payment Type** Date

Transfer Fee: \$ **200.00** Credit Card/Money order/Cashiers Check (No personal checks) \_\_\_\_\_  
(If Applicable) **Circle Payment Type** Date

All fees must be paid by credit card (Visa, Master Card or Discover), money order, or cashiers check. **No personal checks will be accepted.** (Rent may be paid by check, however).

By signing this notice I/we understand that the application fees, which are for processing the credit report and background checks, are non-refundable whether the application has been accepted or denied.

\* Registration/Fee is \$400 for a seasonal site. All deposits are non-refundable after 3 days from the date you sign this notice unless Lighthouse Beach RV Resort **denies** your application. **SITES WILL BE HELD FOR THE PLACEMENT OF YOUR RV FOR A MAXIMUM OF 30 DAYS FROM THE DATE OF APPROVAL FOR RESIDENCY IN THE RESORT/CAMPGROUND.**

Before you sign your lease you will be required to give proof of liability insurance on the site and Lighthouse Beach Property. For information on this read section 5 in the Lighthouse Beach Guidelines/Rules and Regulations.

**NO lease will be transferred without required proof of property Liability Insurance.**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**\$50.00 NON-REFUNDABLE PER APPLICANT**  
**NO PERSONAL CHECKS ACCEPTED FOR THIS FEE**

**All information must be filled in. Incomplete forms will not be processed.**  
**Must provide a copy of your last two paystubs with application.**  
**If self employed copy of your previous year tax return.**

**APPLICANT #1**

**NAME:** \_\_\_\_\_  
First Middle Last SS# Date of birth

**CURRENT ADDRESS:** \_\_\_\_\_  
Street City State Zip Phone #

**EMAIL ADDRESS:** \_\_\_\_\_

**LANDLORD/MORTGAGE HOLDER:** \_\_\_\_\_  
Name Phone # How long there? Monthly Payments

**EMPLOYER:** \_\_\_\_\_  
Name of Employer Address City State Zip How long on job?  
After Tax Take-Home Pay Per Month Job Description Supervisor's Name Phone #

**OTHER INCOME:** \_\_\_\_\_  
Amount Per Month From Where?

**PREVIOUS ADDRESS:** \_\_\_\_\_  
Street City State Zip Landlord's Name Phone # How long there?

**PREVIOUS EMPLOYER:** \_\_\_\_\_  
Name of Employer Phone # How long there? Supervisor After Tax Pay Per Month Job Description

**APPLICANT #2**

**NAME:** \_\_\_\_\_  
First Middle Last SS# Date of birth

**CURRENT ADDRESS:** \_\_\_\_\_  
Street City State Zip Phone #

**EMAIL ADDRESS:** \_\_\_\_\_

**LANDLORD/MORTGAGE HOLDER:** \_\_\_\_\_  
Name Phone # How long there? Monthly Payments

**EMPLOYER:** \_\_\_\_\_  
Name of Employer Address City State Zip How long on job?  
After Tax Take-Home Pay Per Month Job Description Supervisor's Name Phone #

**OTHER INCOME:** \_\_\_\_\_  
Amount Per Month From Where?

**PREVIOUS ADDRESS:** \_\_\_\_\_  
Street City State Zip Landlord's Name Phone # How long there?

**PREVIOUS EMPLOYER:** \_\_\_\_\_  
Name of Employer Phone # How long there? Supervisor After Tax Pay Per Month Job Description

**TOTAL NUMBER OF OCCUPANTS THAT WILL LIVE HERE:** \_\_\_\_\_ **If accepted, the following persons, and on others,**  
**will be living with me. Please print as follows: (If additional space is needed, Print additional names on back of application)**  
**Any prospective resident 18 years and older is required to complete a background check.**

NAME	AGE	RELATIONSHIP	SS#
1. _____			
2. _____			
3. _____			
4. _____			

**PETS: Breed Restrictions in effect: No Pit Bulls, or Pit Bull Mix Breeds, Dobermans, Rottweiler's, Staffordshire Terriers and Chows permitted in Lighthouse Beach RV Resort and Campground. Vet Record and Current License Required for file.**

1 \_\_\_\_\_ 2 \_\_\_\_\_  
 Name Breed Name Breed

1. Have you ever been evicted from any tenancy-mobile home, apartment, or house? ( ) No ( ) Yes If yes, When? \_\_\_\_\_
2. Have you ever been late paying your rent? ( ) No ( ) Yes If yes, how many times in the past year? \_\_\_\_\_
3. Have you ever been taken to J.P. Court for non-payment of rent or any other bills? ( ) No ( ) Yes If yes, when? \_\_\_\_\_
4. Are you aware of any circumstances that could effect your employment or income in the foreseeable future? ( ) Yes ( ) No  
 If yes, What and when? \_\_\_\_\_
5. Have you ever declared bankruptcy? ( ) No ( ) Yes If yes, When? \_\_\_\_\_
6. Have you ever initiated a lawsuit against any person or company? ( ) No ( ) Yes If yes, When? \_\_\_\_\_  
 Explain \_\_\_\_\_
7. Have you (both applicants) ever been convicted of a felony? ( ) No ( ) Yes If either applicant answers yes, please explain \_\_\_\_\_

**(Failure of either applicant to answer this question correctly could result in an automatic rejection of your application)**

I hereby certify that the answers I have given in this application are true and correct to the best of my knowledge. I understand that any false answers or statements made by either applicant will be sufficient grounds for future lease termination and loss of any security deposit. By your signature below you are giving Mid-Atlantic Shore Properties permission to conduct a credit history and criminal background check for processing of your Application for Residency for Lighthouse Beach RV Resort.

APPLICANT # 1 \_\_\_\_\_ DATE \_\_\_\_\_ APPLICANT # 2 \_\_\_\_\_ DATE \_\_\_\_\_

**MOTOR VEHICLE INFORMATION:**

Car # 1 \_\_\_\_\_  
 Make Model Year License Plate # State

Car # 2 \_\_\_\_\_

Please list a friend and relative whom we may contact if we cannot reach you:

Friend \_\_\_\_\_  
 Name Phone # Address

Relative \_\_\_\_\_  
 Name Phone # Address

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Return completed application and non-refundable processing fee to:  
 LIGHTHOUSE BEACH RV RESORT OFFICE  
 26162 Bay Blvd., Millsboro, DE 19966

# FIRST ADVANTAGE - SAFERENT

Name & Site # \_\_\_\_\_

Office Use Only	
Paid _____	
Clerk _____	
Occupant Only: Yes / No	

## AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND / OR INVESTIGATIVE REPORT

I, the undersigned consumer, do hereby authorize MID-ATLANTIC REALTY/CORPORATE, and Through its independent contractor, **FIRST ADVANTAGE- SAFERENT**, to procure a consumer Report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, employment and education verification; personal References; personal interviews; my personal credit history based on reports from any credit bureau; y driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record; and, any other information bearing on my credit standing, credit capacity, credit worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode living.

I understand that the investigative consumer report I have authorized above may include information obtained by interviews with my neighbors, friends and/or associates and/or others with whom I am acquainted or who may have knowledge concerning said information. I understand that I will also receive a written disclosure of my rights under **FCRA 15 U.S.C. 1681** with the nature and scope of any investigative consumer report prepared on me upon my written request to **FIRST ADVANTAGE - SAFERENT** that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to MID-ATLANTIC REALTY/CORPORATE, by and through **FIRST ADVANTAGE - SAFERENT** including, but not limited to any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release MID-ATLANTIC REALTY/CORPORATE, FIRST ADVANTAGE- SAFERENT and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

# FIRST ADVANTAGE - SAFERENT

=====

For Mid-Atlantic Use Only

Sent by: \_\_\_\_\_

FOR:

Residence: \_\_\_\_\_ Employment: \_\_\_\_\_

=====

*Applicant, Please complete the following section.*

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's Lic. #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Other Names used (past 7 years)

\_\_\_\_\_  
Years Used

MALE: ( )      FEMALE: ( )

\_\_\_\_\_  
Current Address (City, State, Zip)

\_\_\_\_\_  
Country of residence

## ADDRESSES FOR THE PAST SEVEN YEARS

## DATES LIVED HERE

\_\_\_\_\_  
City                  State                  County                  Zip Code

\_\_\_\_\_  
City                  State                  County                  Zip Code

\_\_\_\_\_  
City                  State                  County                  Zip Code

\_\_\_\_\_  
City                  State                  County                  Zip Code

\_\_\_\_\_  
City                  State                  County                  Zip Code

\_\_\_\_\_  
City                  State                  County                  Zip Code

\_\_\_\_\_  
City                  State                  County                  Zip Code

## **BAIONLINE USE ONLY:**

Date Ordered: \_\_\_\_\_

Result Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Not Approved: \_\_\_\_\_

August 31, 2018

26162 Bay Blvd., Millsboro, Delaware 19966  
302-515-2300

# FIRST ADVANTAGE - SAFERENT

Name & Site # \_\_\_\_\_

<b>Office Use Only</b>	
Paid _____	
Clerk _____	
Occupant Only: Yes / No	

## AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND / OR INVESTIGATIVE REPORT

I, the undersigned consumer, do hereby authorize MID-ATLANTIC REALTY/CORPORATE, and  
Through its independent contractor, **FIRST ADVANTAGE- SAFERENT**, to procure a consumer  
Report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, employment and education verification; personal  
References; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic  
citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record;  
and, any other information bearing on my credit standing, credit capacity, credit worthiness, character, general reputation, personal  
characteristics, trustworthiness and/or mode living.

I understand that the investigative consumer report I have authorized above may include information obtained by interviews with my  
neighbors, friends and/or associates and/or others with whom I am acquainted or who may have knowledge concerning said information. I  
understand that I will also receive a written disclosure of my rights under **FCRA 15 U.S.C. 1681** with the nature and scope of any  
investigative consumer report prepared on me upon my written request to **FIRST ADVANTAGE - SAFERENT** that is made  
within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the  
same to MID-ATLANTIC REALTY/CORPORATE, by and through **FIRST ADVANTAGE -  
SAFERENT** including, but not limited to any courthouse, any public agency, any and all law enforcement agencies and any and all  
credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it  
from other sources.

I hereby release MID-ATLANTIC REALTY/CORPORATE, FIRST ADVANTAGE- SAFERENT and  
any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or  
demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing,  
brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby  
authorized.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

# FIRST ADVANTAGE - SAFERENT

=====

For Mid-Atlantic Use Only

Sent by: \_\_\_\_\_

FOR:

Residence: \_\_\_\_\_ Employment: \_\_\_\_\_

=====

*Applicant, Please complete the following section.*

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's Lic. #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Other Names used (past 7 years)

\_\_\_\_\_  
Years Used

MALE: ( )      FEMALE: ( )

\_\_\_\_\_  
Current Address (City, State, Zip)

\_\_\_\_\_  
Country of residence

## ADDRESSES FOR THE PAST SEVEN YEARS

## DATES LIVED HERE

\_\_\_\_\_  
City                      State                      County                      Zip Code

\_\_\_\_\_  
City                      State                      County                      Zip Code

\_\_\_\_\_  
City                      State                      County                      Zip Code

\_\_\_\_\_  
City                      State                      County                      Zip Code

\_\_\_\_\_  
City                      State                      County                      Zip Code

\_\_\_\_\_  
City                      State                      County                      Zip Code

\_\_\_\_\_  
City                      State                      County                      Zip Code

**BAIONLINE USE ONLY:**

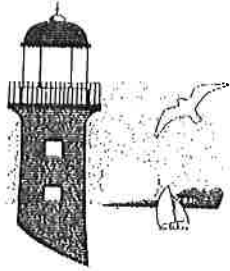
Date Ordered: \_\_\_\_\_

Result Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Not Approved: \_\_\_\_\_





# LIGHTHOUSE BEACH RV RESORT

Office Use Only	
Entered	_____
Date	_____
Site #	_____

## SEASONAL SITE REGISTRATION

**Site Holder(s):** Limit of (4) people on a Seasonal License Agreement, must be 21 years of age.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Please list additional family members living in the unit on the back of this form

**RV Information:** Unit must be 10 years or newer. (Older units can submit pictures for review and approval)

Make/Year: \_\_\_\_\_ Type(TT, 5<sup>th</sup> Wh, MH, Park Model): \_\_\_\_\_

Length/Width: \_\_\_\_\_ Color: \_\_\_\_\_

Registration State: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Names on Title: \_\_\_\_\_

If Financed:

Finance Co.: \_\_\_\_\_

Address: \_\_\_\_\_

Contact # \_\_\_\_\_

Insurance Information: \_\_\_\_\_

**Pet Information:** Breed Restrictions - Pit Bulls, Pit Bull Mix Breeds, Dobermans, Rottweiler's, Staffordshire Terriers and Chows are not permitted in LHB.

# of Pets: \_\_\_\_\_ Breed(s): \_\_\_\_\_