

Arrowhead Point RV Park, LLC
(AHP) Site Application Fee
755 SW Hwy 54, Osceola, MO 64776
info@arrowheadpointrv.com : 417-876-3016

Application Address: _____

Date: _____ Full Name: _____ Birth Date: _____

Social Security #: _____ Gender: Male Female Tobacco User? No Yes DL#/State _____

Phone _____ Email Address: _____

Emergency Contact & Relation: _____ Phone: _____

Have you ever been convicted of a felony? No Yes Driver's License State / No: _____ Tobacco User? No Yes

Employer Name: _____ Phone: _____ Years Employed _____

Employer Address (Include City, St, Zip): _____ Income: \$ _____ /mo

Current Position/Rank: _____ Supervisor/CO's Name: _____

NOTE: ALL ADULTS (18 and over) other than spouse MUST fill out separate rental application! Married? No Yes

Spouse's Name: _____ Birth Date _____ Gender: Male Female

Social Security #: _____ Gender: Male Female Tobacco User? No Yes DL#/State _____

Phone _____ Email Address: _____

Emergency Contact & Relation: _____ Phone: _____

Have you ever been convicted of a felony? No Yes Driver's License State / No: _____ Tobacco User? No Yes

Employer Name: _____ Phone _____ Years Employed _____

Employer Address (Include City, St, Zip): _____ Income: \$ _____ /mo

Current Position/Rank: _____ Supervisor/CO's Name: _____

Describe Any Additional Income Source(s): _____ Amount: \$ _____ /mo

Primary Bank Name/Location: _____ Phone _____

Current Park, Location, Manager: _____ Phone _____

Rent Payment: \$ _____ /month Reason for leaving this location: _____

Personal Reference (NOT RELATIVE) _____ Phone _____

Children (17 & below): Not applicable How many children live with you part-time? ____ / full-time ____ (give names, DOB, and gender on back)

Pets: Not applicable How many pets live with you? ____ (Give name, breed, weight, sex, spayed, neutered, etc on back)

Vehicle Information: Number of vehicles to be kept at residence: ____ (if more than 1 vehicle, put information on back)

RV/MH (if applicable) Make, Model, Year, Length, Slides, Color: _____

Make, Model, Year, Color of Vehicle #1: _____ License Plate #: _____

A \$25 application fee is required to complete the background and credit check that will be done. By signing below, I, said applicant/s, authorizes Arrowhead Point RV Park, LLC (AHP) and owners and/or agents/managers to perform a background check and obtain information about those listed above from credit reports, landlords, personal and professional references, employers, banks, and law enforcement agencies. This will NOT affect your credit rating. **I/we also agree that if I am chosen to rent, I/we will abide by ALL AHP rules & regulations and I/we will NOT do or bring drugs into AHP.**

Applicant's Signature: _____ Date _____

Spouse's Signature: _____ Date _____

If you have questions, call 417-876-3016. Please leave a message.