

# Extended-Stay Membership Monthly Rental Rates

#### **METERED**

Electricity billed separately \$750.00

#### NON-METERED

Electricity is included \$950.00 Oct - March \$1050.00 April - Sep

## APPLICATION FEE

Per each adult living on the resort \$40.00

#### SECURITY DEPOSIT

Based upon credit/background check

#### EXT-STAY MEMBERSHIP

Non-members only \$395.00

# GATE REMOTE DEPOSIT \$50.00

TO QUALIFY: RV must be manufactured by the year 2010 or newer and well maintained with current registration and insurance. Residents must gross three times the monthly rental rate and show proof of income/employment. Maximum occupancy of two vehicles per site. Additional rental fees apply for pets, zero tolerance for aggressive/noisy pets, and only 2 pets per site. Water, garbage, and sewer are included in the monthly site rent. RV residents pay separately for propane and internet. No evictions or criminal convictions. Good rental history or homeowner history, and no unpaid collections or judgments. All deposits and fees must be paid upfront before moving on to the resort.

151 BRANNAN ISLAND ROAD ISLETON, CA 95641

TELEPHONE: (916) 777-5511 FAX: (916) 777-6120

## **LIGHTHOUSE RESORT & MARINA**

CREDIT/BACKGROUND APPLICATION

	-	T INFORMATION	<b></b>	
Name:	AllLican	THE ORNALION		
Date of birth:			Phone:	
Current address:				
City:		State:	ZIP Code:	
Own Rent (Please circle)		Monthly payment or rent:	How long?	
Previous address:				
City:		State:	ZIP Code:	
Owned Rented (Please circle)		Monthly payment or rent:	How long?	
	EMPLOYME	NT INFORMATION		
Current employer:				
Employer address:			How long?	
Phone:	E-mail:	<b>The state of the </b>	Fax:	
City:		State:	ZIP Code:	
Position:		Hourly Salary (Please circle)	Annual income:	
Previous employer:				
Address:			How long?	
Phone:	E-mail:		Fax:	
City:		State:	ZIP Code:	
Position:		Hourly Salary (Please circle)	Annual income:	
Name of a relative not residir	ng with you:			
Address:		9	Phone:	
City:	X. X	State:	ZIP Code:	
Relationship:				
C	O-APPLICANT INFORMAT	TION, IF FOR A JOINT A	CCOUNT	
Name:		p		
Date of birth:		SSN:	Phone:	
Current address:				
City:		State:	ZIP Code:	
Own Rent (Please circle)		Monthly payment or rent:	How long?	
Previous address:				
City:		State:	ZIP Code:	
Owned Rented (Please circle)		Monthly payment or rent:	How long?	
	EMPLOYME	NT INFORMATION		
Current employer:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Employer address:			How long?	
Phone:	E-mail:		Fax:	
City:		State:	ZIP Code:	
Position:		Hourly Salary (Please circle)	Annual income:	

	CREDIT/BACK	RESORT & I				
Previous employer:						
Address:						
Phone:	E-mail:	Fax:				
City:		State: ZIP Code		ZIP Code:		
Position:		Hourly Salary (Please circle)		Annual income:		
	APPLICATION I	NFORMATION CONT	INUED			
Name of a relative not residir	ng with you:					
Address:				Phone:		
City:		State:		ZIP Code:		
Relationship:						
	OTHER ASSETS	OR SOURCES OF I	NCOME			
Description			P	Amount		
	RV & VEH	ICLE INFORMATION	ı			
RV/ VEHICLE MA	KE/MODEL	YEAR			TE NUMBER	
I authorize Lighthouse Resort background, and employment		information provid	led on t	his form as to	my credit,	
Signature of applicant			Date			
Signature of co-applicant, if f	or joint account				Date	



## Pet Agreement

The Lighthouse Resort & Marina is a pet friendly resort that understands pets are an extension of your family. We gladly welcome our members with small pets. There is a \$10.00 fee per month for each pet (2 pet maximum) in extended stay sites unless approved my resort management. This fee will not apply to guide dogs or assistive dogs- management has a right to ask for validating information. We do have breed restrictions (please ask for details).

I agree to and understand the terms of Lighthouse Resort & Marina's Pet Policies as follows:

- The pet fee will be charged to my account monthly.
- Pet's must not display any Aggressive behavior towards other animals or people while at the resort.
- Pet may not be left unattended outside of RV.
- Pet must weigh less than 80 pounds, unless approved by Management.
- Verification of completed vaccinations are required and must be up to date.
- Pet must comply with all local legislation and insurance liability requirements.
- NO PETS ALLOWED in the Pool Area.
- Pet must always be on a controlled leash while on the resort grounds.
- Pet must only be walked on designated pet are(s) of the resort grounds.
- Member is responsible for cleaning up after pet and properly disposing of the waste in designated receptacles. A \$25.00 fee will be assessed per incident for lack of proper cleanup/waste disposal.
- Damages caused by my pet to any part of the resort are my sole responsibility. I understand that my account will be charged commensurate to the cost of such damages. My RV site is subject to a damage inspection at any time and upon check out.
- MAINTENANCE SERVICE: I agree to make site available to management and/or maintenance and arrange to have pet inside and any pet fencing and/or crates to off grass. Otherwise, I understand that any site/grass maintenance is my sole responsibility.
- **NOISE/DISRUPTIVE COMPLAINTS**: If resort management receives more than 2 (two) complaints, alternative arrangements must be made for pet.

I have read the Pet Policy and fully understand and accept these policies set by the resort as indicated by my signature below. I understand it is my responsibility to take care of my site grass if I have pet fences and or crates that hinder maintenance's ability to access my site.

Members Name (Please Print):		
Members Signature:	Date:	
Lighthouse Reprensentative:  (reviewing Pet Policy w/ Member)	Date:	
Lighthouse Representative:	Date:	
(Inspecting Suite/RV Site upon Check Out)		

#### **Pet Information**

Please complete all the applicable information for your pet and return form to Member Services:

Name of Pet: Pet Type/Breed: Age of Pet: Weight: Color/Markings: Name of Pet: Pet Type/Breed: Age of Pet: Weight: Color/Markings: **Owner Information** Name of Owner: RV Site#: Cell Phone: Emergency Contact (if different than above) Name: Contact Number: Alternate Number: **Veterinarian Information** Name: Phone: Does your pet have any medical conditions or needs that the resort staff should be aware of?