Rio Robles, Inc.

A RETIREMENT COMMUNITY
32 CHAPARRAL DR. • KERRVILLE, TX 78028
(830) 896- 5377 • FAX: (830) 257-5594
EMAIL: riorobles@bizstx.rr.com

DATE	OF APPLICATION:	

RIO ROBLES, INC. APPLICATION FOR RESIDENCY IN RIO ROBLES PARK

Rio Robles Mobile Home and RV Park does not discriminate against any applicant for residency on any basis including race, color, sex, religion, handicap, or national origin. Rio Robles does, however, have a minimum age requirement of 55 years.

Notice: All applications will be held for six (6) months. If you choose to go through the approval process, your application will be maintained for one (1) year at which time you may request the application be maintained for an additional year. After two (2) years, you must re-submit your application and go through the approval process again.

I/We understand that before this application for residency is approved, a background screening report on me/us will be made.

I/We will be notified by mail within ten (10) days of the interview date as to the decision of the Board of Directors.

RECEIPT

Rio Robles, Inc.
Park Rules and Regulations
Effective
1/1/2019

I, we, hereby acknowledge receipt of one copy of the above named Rules and Regulations and have <u>read, understand, and agree to comply with their stipulations</u> an all decisions made by the Board of Directors of Rio Robles, Inc. I further understand and agree that should I violate said Rules and Regulations, then my Tenancy in Rio Robles Mobile Home and RV Park may be terminated.

Signature	Date	Signature	Date
Printed Name	Last 4 of SS#	Printed Name	Last 4 of SS#

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Name		Single/M	arried (circle one)
Driver's License No	State	Social Security No	
Birth date Ann	niversary Da	te	
Address		Phone Number_	
(City)		(State)	(Zip)
Email Address			
Profession			
Currently/Formerly Employed By	(Company	y Name)	
(Address)	(Phone)	How Long?	_
List Other Employers if previous		•	
Name of Spouse or partner			
Driver's License No	State	Social Security No	
Birth datePh	one Number	r:	
E-mail Address			
Spouses or Second Person Profess	sion		
Currently/Formerly Employed By	:		
(Company Name) How Long?		(Address)	(Phone)

List Other Employers if previous is less than 5 years:				
References (Name Two):				
(Name)	(Address)	(Phone)		
(Name)	(Address)	(Phone)		
Do you plan to be a full-tin	me resident of Rio Robles Park?	Yes No		
Are you interested in a vac doublewide (Che	cant lot an existing sing eck as many as apply)	elewide or an existing		
Do you understand the 400	00 shares of stock purchase requi	irement? YesNo		
What interests you most in	n Rio Robles Park?			
What special skills would	o Robles Park is due to our large be willing to contribute from tim I it's appearance, and to help ke fy.	ne to time to aid in the Quality		
Do you own a Recreation If so, what size and type? What are your hobbies or it	Vehicle that will require storage factoring interests?	? Yes No		
Have you ever been convident		No		

I/We certify that the above information is true and accurate to the best of my/our ability. Further, I/We understand that if the above information is proven to be false with intent to defraud, this application will be disapproved; or, if falsification is found after residency has been established, I/We could be held liable for evictions.

Signed:	
Dated:	
	HASERS OF HOMES SITUATED ON BLES, INC. PROPERTY
HOME & R.V. PARK (the Park) for the inspections that are done by RIO ROBI corporate decisions and RIO ROBLES, purchasers of homes situated in the Park is the recommendation of RIO ROBLE	nomes situated in RIO ROBLES MANUFACTURED the benefit of new purchasers of said homes. Any LES, INC. are done strictly for purposes relating to INC. makes no representations, whatsoever, to a regarding the condition of the home being purchased. It S, INC. that, prior to purchasing a home in the PARK, the inspected by a qualified and experienced home
understand that RIO ROBBLES , INC. condition of the home you are contempled discharge RIO ROBLES , INC. , its officto you, your spouse and your heirs, and the condition of any home you may pure	
Dated the day of	, 20
Signature	Signature
Printed Name	Printed Name
Approved by Members of The Board	l of Directors:
D	
Date:	Application form revised by: Board of Directors January 2019

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