

**Vail Run Community Association Application – Individual**  
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Date: \_\_\_\_\_ Interval Number – Unit # \_\_\_\_\_ Week # \_\_\_\_\_

Owner #1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ Previous Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Owner #2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner #2 Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Owner #2 SSN: \_\_\_\_\_ Previous Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Will any other person be contractually liable with you on this extension of credit?  YES  NO

Name and Address of that Person: \_\_\_\_\_

Name of nearest relative not living with you: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner #1 Annual Gross Income: \$ \_\_\_\_\_ Owner #2 Annual Gross Income: \$ \_\_\_\_\_

Other Income: \_\_\_\_\_ Annual Amount: \$ \_\_\_\_\_

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**Debts** – List the 3 highest Debts, Mortgages, Installment Loans and Contracts, Revolving Credit Accounts, Credit Cards and other obligations. (Attach a statement if needed)

Creditor: \_\_\_\_\_

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

Creditor: \_\_\_\_\_

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

Creditor: \_\_\_\_\_

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

**Bank Information:**

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

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank Name \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

**Important – Read Before Signing**

The undersigned affirm(s) that the foregoing answers are true and correct. The Resort Association and the references that you listed above are authorized to exchange credit information relative to the applicant(s) and this report. The report shall remain the property of the Resort Association.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Printed Name of Co-Applicant \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_

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