

1705 W. Colonial Drive, Winter Garden, FL 34787 Phone (407) 347-8812 / FAX (407) 877-0911 <u>www.IndependenceRV.com</u>

ALL FIELDS MUST BE COMPLETED

Name (Exactly as it appears on your driver's license)		
First	Middle	Last
Current Address		
City	State	Zip
Phone Number	Email [
Social Security Number	Date of Bir	th
Driver's License Number		
Number of Years at Current Address	Own/Rent	Monthly Rent or Mortgage Payment
Previous Address ONLY if Current is Less Th	nan TWO Years	
Employer Name (If Retired, Pension)	Occupation	Work Number
Number of Years at Current Position	Annual Income	Other Income (ex. Social Security)
Previous Employer ONLY if Current is Less t	han TWO Years	
Applicant Signature		