CURLEW HOME ESTATES ASSOCIATION, INC

Application for Purchase, Residency, Lease Page 1 of 2

PURCHASE ☐ **RESIDENCY/LEASE** ☐ **UNIT NO.**_____

THE PARK IS AN AGE RESTRICTED COMMUNITY. AT LEAST ONE PERMANENT RESIDENT IN EACH UNIT MUST BE 55 YEARS OF AGE OR OLDER, AND ALL PERMANENT RESIDENTS MUST BE 18 YEARS OF AGE OR OLDER. All parts of this form must be completed. If this application is not legible or is not completely and accurately filled out, the Association or their agent will not be liable or responsible for any inaccurate information in the investigation and related report to the Association cause by such omissions or illegibility. By signing below, the Applicant(s) recognize(s) that the Association or their agent may investigate the information supplied by the Applicant(s) and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the Applicant(s)' character, general reputation, credit, personal characteristics, mode of living as applicable, and criminal background. Type or print in black ink only. Furnish this application, a copy of Applicant(s) driver's license and screening fee of $100.00 – per Applicant, to Curlew Mobile Home Park. All financial matters of the owner(s) with the Association (including maintenance fees, assessments, late fees, etc.) must be current in order for this application to be processed.

ENTER NAME OF ALL OCCUPANTS:

Anniversary Date (if applicable)_____

Social Security No._____ Driver's Lic No._____

Legal Name_____ Date of Birth_____

Social Security No._____ Driver's Lic No._____

Spouse Legal Name_____ Date of Birth_____

Social Security No._____ Driver's Lic No._____

Other Legal Name_____ Date of Birth_____

Social Security No._____ Driver's Lic No._____

Other Legal Name_____ Date of Birth_____

Is any Applicant an Active Duty Service Member? YES ☐ NO ☐
(Per :FS.83.683.f.s approval required within 7 days from receipt of completed application package)

LIST EMPLOYER(S) FOR THE LAST THREE YEARS. IF RETIRED, LIST PAST EMPLOYERS

Current Employer_____ Position_____ Supervisor_____

City/State_____ Phone_____ Date Began_____ Monthly Income_____

Previous Employer_____ Position_____ Supervisor_____

City/State_____ Phone_____ Date Began_____ Monthly Income_____

Spouse Employer_____ Position_____ Supervisor_____

City/State_____ Phone_____ Date Began_____ Monthly Income_____

CHARACTER REFERENCES

Name_____ Contact Number_____

City/State/Zip_____

Name_____ Contact Number_____

City/State/Zip_____

PLEASE BE SURE TO COMPLETE AND SIGN <u>BOTH</u> PAGES OF THIS APPLICATION

IN MAKING THE FOREGOING APPLICATION, I/WE ARE AWARE THAT THE DECISION OF THE ASSOCIATION WILL BE FINAL, AND NO REASON WILL BE GIVEN FOR ANY ACTION TAKEN BY THE BOARD. I/WE AGREE TO BE GOVERNED BY THE DETERMINATION OF THE BOARD OF DIRECTORS. I/we understand that I/we must attend an <u>in-person</u> interview conducted by at least one Board Member. By our/my execution below, I/we acknowledge receipt of a copy of the Rules and Regulations of the Association. I/we further acknowledge that these Rules and Regulations have been read by me/us, and I/we agree, upon approval of my/our Application, to abide by said Rules and Regulations, as these Rules and Regulation may be amended. I/we understand that the Association shall have the right to proceed directly against any person or persons who violate any of the provisions of the Association's Documents and/or Rules and Regulations. I/we agree that a copy of the executed lease agreement or deed (as appropriate) will be furnished to the Association.

APPLICANT_____ Date_____ CO-APPLICANT_____ Date_____

Telephone_____ Phone_____

FOR USE BY THE ASSOCIATION ONLY

APPROVED ☐ DISAPPROVED ☐ Director:_____ Date:_____

If applicable copy received: Executed Lease Agreement ☐ Deed ☐ Other ☐

CURLEW HOME ESTATES ASSOCIATION, INC

Application for Purchase, Residency, Lease Page 2 of 2

LIST PLACE OF RESIDENCE FOR THE PAST THREE YEARS

Present address _____ OWN from _____ TO _____
Number/Street/Apt City/State/Zip RENT from _____ TO _____

Landlord or Mortgage Co. (Address & Phone) _____

Previous address _____ OWN from _____ TO _____
Number/Street/Apt City/State/Zip RENT from _____ TO _____

Landlord or Mortgage Co. (Address & Phone) _____

Prior address _____ OWN from _____ TO _____
Number/Street/Apt City/State/Zip RENT from _____ TO _____

Landlord or Mortgage Co. (Address & Phone) _____

LIST ALL VEHICLES

	(YEAR)	(MAKE)	(MODEL)	(COLOR)	(TAG #)	(STATE)
AUTO #1						
AUTO #2						
OTHER						
OTHER						

IN CASE OF EMERGENCY PLEASE NOTIFY

Name _____ Relationship _____ Phone _____

Address/City/Zip _____

Name _____ Relationship _____ Phone _____

Address/City/Zip _____

PET RESTRICTIONS

PETS ARE ONLY ALLOWED IN SPECIFIC AREAS OF THE PARK. PERMITTED PETS MUST WEIGH NO MORE THAN 15 POUNDS. ALL PETS MUST BE REGISTERED WITH THE ASSOCIATION.

Pet description _____ Weight: _____ **(Attach current photo of pet)**

COMMENTS:

_____

_____

I/we certify that I/we have read the above application and agree all information therein is true and correct. I/we authorize Curlew Mobile Home Estates Association, Inc. to obtain a credit report for tenancy purposes.

Signed _____ Date _____
(Applicant)

Signed _____ Date _____
(Co-Applicant)

FORM MUST BE SUBMITTED AT LEAST ONE WEEK IN ADVANCE OF PROPOSED SETTLEMENT DATE OR DATE SCHEDULED FOR SIGNING OF LEASE DOCUMENTS.

DISCLOSURE AND RELEASE

In connection with my application to rent, lease or purchase a dwelling unit at _____, I understand that consumer reports and/or investigative consumer reports will be requested from a consumer reporting agency. These reports may include the following types of information: names and dates of current or previous landlords and employers, reason for termination of employment or termination of residency as well as other sources of information. I further understand that such reports may contain public record information such as bankruptcy proceedings, judgments, criminal records, etc., from federal, state and other agencies, which maintain such records. Other information obtained may relate to my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency Applicant Information ("AI"), formerly known as Renters Reference of Florida, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the agency has previously furnished within the twelve month period preceding my request. I hereby consent to your obtaining the above information from the agency.

I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If my application is accepted; and I occupy a dwelling unit, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my residency on the property.

☐ California, Minnesota, and Oklahoma consumers only: Check box if you request a copy of any consumer report ordered by you.

_____ _____ - _____ - _____
Print Last Name, First Name Middle Name Social Security Number

_____ _____ / _____ / _____
Applicant's Signature Date of birth (MM/DD/YYYY)

_____ _____ _____
Current Street Address Driver's license D/L State

_____ _____ _____
City State Zip Telephone Number Date

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_____ _____ _____
City State Zip Telephone Number Date