

COUNTRYSIDE ESTATES R.O. ASSOCIATION INC.

Forms to be completed if:

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A	Person wants to buy a Lot/Property Certificate	# of PGS	B	Person wants to Rent	# of PGS
	1 Resident Owned Community Living Information Sheet	1		1 Resident Owned Community Living Information Sheet	1
	2 Procedures for Rental and/or Occupancy of Units - Long Term and Seasonal	1			
	3 Application For Membership Certificate * Must be filled out completely.	4		2 Rental Application Forms * Must be completed by all Potential Tenants (Park Owned Units & Members Allowed to Rent their Property)	5
	* Must be approved by the Board at a meeting or by collecting Board Members Signatures or Email Confirmations.			* Must be approved by the Board at a meeting or by collecting Board Members Signatures or Email Confirmations.	
	* Kimpton's Office must receive a written approval by the Board.				
	4 Consumer Authorization & Release (Background Check) * Must be completed by all Potential Owners	2		3 Consumer Authorization & Release (Background Check) * Must be completed by all Potential Tenants (Park Owned Units & Members Units)	2
	* Require Photocopy of Drivers License & \$100 Cash Fee			* Require Photocopy of Drivers License & \$100 Cash Fee	
	5 Bylaws/ Rules & Regulations/ Master Occupancy Agreement Acknowledgement Form	1		4 Rules & Regulations - ONLY if TENANT IS APPROVED	
	Bylaws - 27 pages	1			
	Rules & Regulations - 15 pages	1		Rules & Regulations - 15 pages	
	Master Occupancy Agreement - 31 pages	1			
	NOTE: All Forms to be returned to office for BOD approval			NOTE: All Forms to be returned to office for BOD approval	
	<u>Legal Documents for KIMPTON</u>				
	1 Sales Agreement	1			
	1 Seller Information Sheet	1			
	1 Buyer Information Sheet	1			
		15			8

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Rental Application Information

PERSONAL INFORMATION:

Applicant's Full Name: _____

Have you ever used another name(s)? Yes / No if yes, _____

Driver's License: _____ **State:** _____ **Date of Birth:** _____

Social Security Number: _____ - _____ - _____

Primary Phone: __ (____) _____ - _____ **Type:** Home Cell Work Other

Secondary Phone: __ (____) _____ - _____ **Type:** Home Cell Work Other

Email Address:

List any other person who will reside with you below:

Name: _____ **Age:** _____ **Relationship:** _____

Do you have pets? Yes _____ No _____

If seeking an accommodation to our Rules and Regulations for a service animal see Florida Statute 413.08 for guidance

If seeking an accommodation to our Rules and Regulations for an emotional support animal see Florida Statute 760.27 for guidance

Do you have any special needs or requirements that we need to be aware of? Yes / No

If yes, please be specific: _____

Name of nearest living relative:

Phone: _____ **Relationship:** _____

Who should we contact in case of emergency? _____

Phone: _____ **Relationship:** _____

Initials: _____

RESIDENCE HISTORY:

Current address:

City: _____ **State:** _____ **Zip:** _____

How long at this address? From: _____ **To:** _____ **Rent / Mrtg: Amount: \$** _____

Current Landlord or mortgage holder: _____ **Phone:** _____

Reason for moving: _____

Is your lease expired? Y / N if not, when is your lease expiration date? _____

Previous address.1:

City: _____ **State:** _____ **Zip:** _____

How long at this address? From: _____ **To:** _____ **Rent / Mrtg: Amount: \$** _____

Current Landlord or mortgage holder: _____ **Phone:** _____

Reason for moving: _____

Previous address.2: _____

City: _____ **State:** _____ **Zip:** _____

How long at this address? From: _____ **To:** _____ **Rent / Mrtg: Amount:** _____

Current Landlord or mortgage holder: _____ **Phone:** _____

Reason for moving: _____

Have you ever been the subject of an eviction proceeding or settlement, whether or not a suit was actually filed? Yes / No

If yes, please explain, including dates, rental premises address, and contact information for property owner and property manager:

Initial: _____

CRIMINAL HISTORY:

1. Have you or any other intended occupant, ever been charged (whether resulting in a conviction) or convicted, or pleaded guilty or «no contest» to a felony? Yes / No
2. Have you or any other intended occupant, ever been convicted of or pleaded guilty or «no contest» to a misdemeanor involving sexual misconduct or the manufacturing of drugs whether resulting in a conviction? Yes / No
3. Are you or any other intended occupant, required to register as a Violent or Sex Offender in any jurisdiction? Yes / No

EMPLOYMENT INFORMATION (Current and Most Recent):

Employer .1: _____ **Start Date:** _____ **End Date:** _____
Employers Address: _____ Phone: _____
Position: _____ Monthly Income: _____ Supervisor: _____
Reason of Leaving (if applicable): _____

Employer .2: _____ **Start Date:** _____ **End Date:** _____
Employers Address: _____ Phone: _____
Position: _____ Monthly Income: _____ Supervisor: _____
Reason of Leaving (if applicable): _____

Employer .3: _____ **Start Date:** _____ **End Date:** _____
Employers Address: _____ Phone: _____
Position: _____ Monthly Income: _____ Supervisor: _____
Reason of Leaving (if applicable): _____

Other sources of income (include financial aid, social security, loans, mutual funds, stocks, bonds, family assistance, ect.)

- 1) _____ \$ _____ / Mo
- 2) _____ \$ _____ / Mo
- 3) _____ \$ _____ / Mo
- 4) _____ \$ _____ / Mo

Initial: _____

BANKING & CREDIT INFORMATION:

Bank: _____ Phone: _____

Checking Acct.: _____ Saving Acct.: _____

Have you ever filed bankruptcy? Yes / No if yes, please explain: _____

Are there any judgments against you? Yes / No if yes, please explain: _____

List financial obligations (include student loans, credits cards, auto or home loans, child support, ect.)

- 1) _____ \$ _____ / Mo
- 2) _____ \$ _____ / Mo
- 3) _____ \$ _____ / Mo
- 4) _____ \$ _____ / Mo
- 5) _____ \$ _____ / Mo

AUTOMOBILE INFORMATION:

Please provide a copy of registration for each vehicle:

Make: _____ Model: _____ VIN: _____

Year: _____ Color: _____ Plate State: _____ Plate: _____

Make: _____ Model: _____ VIN: _____

Year: _____ Color: _____ Plate State: _____ Plate: _____

REFERENCES:

List personal references not already listed on application (teachers, advisors, businesses, ect.)

1) Name; _____ Relation: _____ Phone: _____

2) Name; _____ Relation: _____ Phone: _____

3) Name; _____ Relation: _____ Phone: _____

Please read the following information before signing this application:

I / we understand that at least one household member must be aged fifty-five (55) or older, and any other resident shall be fifty (50) years or older. I / we understand that this application in no way guarantees my/our acceptance into the community. I / we authorize the Association to obtain information from current / former employers, friends and current / previous landlords. I / we hold harmless the Association, employees and unit owners, from any action arising from these inquiries.

The Association does not discriminate based on sex, race, religious creed, color, marital status, familial status, physical or mental handicap, blindness, hearing impairment, ancestry, receipt of public assistance, veteran status or membership in the armed forces, national origin or on account of that person’s sexual orientation in the approval of its members.

If any information in this application is found to be false, this is immediate grounds for denial.

Disclaimer: I / we understand that should I / we be accepted as a tenant of the Association, misrepresentation of information on this Application may be grounds for eviction according to the Association Bylaws. By signing this application, I /we attest that this is accurate and true information to the best of my / our knowledge.

Applicant signature: _____ **Date:** _____

Co-applicant signature: _____ **Date:** _____

NOTE: Applications that are incomplete, illegible and / or are not accompanied by the proper documentation will be returned to the applicant(s) and considered as NOT having applied for buying a Membership Certificate.

Final decision

This application was approved/disapproved by 1) a meeting of the Board of Directors or 2) by network consultation on Date: _____

Recorded in Minutes on _____ ***Initial*** _____

Copy of the minutes are held at the Park’s office and can be seen, upon request, by any member of this community.

Sign by: _____ ***Date:*** _____

Title