COUNTRYSIDE ESTATES R.O. ASSOCIATION INC

Rental Application Information

PERSONAL INFORMATION:

Applicant's Full Name:			
Have you ever used anot	ner name(s)? Yes / No	if yes,	
Driver's License:	State:	Date of Birth:	
Social Security Number:			
Primary Phone: () _	_	Type: Home Ce	ll Work Other
Secondary Phone: (_)	Type: Home Ce	ell Work Other
Email Adress:			
List any other person who	o will reside with you be	elow:	
Name:	Age:	Relationship:	
Do you have pets? Yes	No		
If seeking an accommodation guidance	to our Rules and Regulatior	is for a service animal see F	Florida Statute 413.08 for
If seeking an accommodation 760.27 for guidance	to our Rules and Regulatior	as for an emotional support	animal see Florida Statute
Do you have any special	needs or requirements	that we need to be awa	re of? Yes / No
If yes, please be specific: _			
Name of nearest living re	lative:		
Phone:	R	elationship:	
Who should we contact in	n case of emergency? _		
Phone:	R	elationship:	
			Initials:

RESIDENCE HISTORY:

Current address:

City:	State:	Zip:
How long at this address? From:	To:	Rent / Mrtg: Amount: \$
Current Landlord or mortgage holde	er:	Phone:
Reason for moving:		
Is your lease expired? Y / N if not, w	/hen 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 holde	er:	Phone:
Reason for moving:		
Previous address.2:		
City:	_ State:	Zip:
How long at this address? From:	To:	Rent / Mrtg: Amount:
Current Landlord or mortgage holde	er:	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 INFORMA	TION (Current and Mos	<u>t Recent):</u>		
Employer .1:		Start Date:	End Date:	
Employers Address:		Ph	one:	
Position:	Monthly Income:		Supervisor:	
Reason of Leaving (if appli	cable):			
Employer .2:		Start Date:	End Date:	
Employers Address:		Ph	one:	
Position:	Monthly Income:		Supervisor:	
Reason of Leaving (if appli	cable):			
Employer .3:	s	Start Date:	End Date:	
Employers Address:		Ph	one:	
Position:	Monthly Income:		Supervisor:	
Reason of Leaving (if appli	cable):			
Other sources of income bonds, family assistance		ocial security, lo	ans, mutual funds, stoo	cks,
1)		\$		/ Mo
2)		\$		/ Mo
3)		¥		

Initial:

BANKING & CREDIT INFORMATION:

Bank:			Phone:		
Checking Acct.:			Saving Acct.:		
Have you ever fi	led bankruptcy? Ye	es / No if yes, ple	ase explain:		
Are there any juc	lgments against you	u? Yes / No	if yes, plea	ase explain:	
	bligations (include				
1)			\$		/ Mo
2)			\$		/ Mo
3)			\$		/ Mo
E)			\$ ¢		/ Mo
-	a copy of registrat			VIN:	
	Color:				
Make:		Model:		VIN:	
Year:	Color:	Plate	e State:	Plate:	
REFERENCES:					
List personal re	ferences not alrea	dy listed on app	lication (teach	ers, advisors, bu	sinesses, 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

Countryside Estates R.O. Association Inc

Consumer Authorization and Release

For Tenants and Owners

Applicant:	Middle:	Last:
e-mail address		
Social Security #:	99 Entransministrationerstatung	
Date of birth:		
Current address:		
City:	State:	Z.ip:
How long at this address?		
Co-applicant Name:	Middle:	Last:
Social Security #:	e-mail address	
Date of birth:		
Current address:		
City:	State:	Zip:
How long at this address?		
A minimum credit score of 680 (US) or 7 score as it is a "hard inquiry".	2 <mark>5(Canada) is required.</mark>	This may impact your credit

I / We hereby authorize Countryside Estates R.O. Association Inc. to obtain my/our consumer report / credit information, credit risk score and other enhancements to my/our consumer report from one or more of the three national credit reporting repositories (Equifax, Experian, Trans-Union) and provide a copy of the Report to:

Countryside Estates R.O. Association Inc., for the purpose of assessing my/our Application for Membership or Tenancy in said Association. I /We understand that 'other enhancements' includes conducting a national criminal background check, to which I/We give my/our consent.

I/ We further authorize the Countryside Estates R.O. Association Inc. to contact references listed on my/our application in order to assess my /our Application for Membership or Tenancy in said Association.

I/ We further authorize the Countryside Estates R.O. Association Inc. to verify past and present landlord references in order to assess my /our Application for Membership or Future Tenancy in said Association.

It is understood that a photocopy and/or facsimile of this document shall also serve as an authorization to provide information requested.

The information obtained is only to be used in the processing of my/our Membership or **Tenancy Application.**

Applicant:	Date:	
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Co-Applicant: _____ Date: _____