

**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 BOTH 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 in-person 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



## 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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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