## Application for Residency

Country Retreat Mobile Homeowners' Assn., Inc. Shareholder application fee \$100.00 Check To Country Retreat

countryretreatmanager@gmail.com

Mail to:

Country Retreat Mobile Homeowner's Assn., Inc. 921 Faith Circle East #77 Bradenton, FL 34212 Attn: Bob Parham

{Unmarried Co-Applicants Fill Out A Separate Application.}
Do not leave blank spaces. Use black ink only.

Owner's Name	Lot#	Owner's Phone	
Rental FromTo	Purchase/	Cell Phone Closing Date	
Applicant Name:Last	First		MI
SS#	DOB		
Driver's License #		State	
Spouse: Last	First	N	<b>Л</b> І
SS#	DOB		
Committee.  Spouse's Driver's License #		State	
Other Occupant: Name		Relationship	
Other Occupant: NameAge	SS#		
Other Occupant: Name		Relationship	
Age	SS#		
Any additional occupants with age and ss	#:		
In no event shall occupancy exceed two	(2) persons	per bedroom.	
Autos must fit on driveway. No parking o	n grass. Ove	rflow parking is by plav	yground.
Auto(s) You Will Keep On Premises: Year			
Auto(s) You Will Keep On Premises: Year	rMak	Type Type	Tag

Pet(s):	Type	Breed	Weight_	Age_
Provide vaccina	ation records, county registration	on and photo of pet.		
Home Phone (_	) Cell Phone (			
Why moving?				
Present Address	s:			
	Street	Apt#		
	City St	tate Zip C	ode	
Present Landlor	rd/Mortgage Holder Phone (		)	
Length of Resid	dence / Month-Year to Month-Y	Year / Monthly Rent		
\$	#			
Mortgage	#_ Mortgage	Acct#		
Previous Addre	Street Apt#			
	Street Apt#	City	State Zip (	Code
Previous Landle	ord/Mortgage Holder Phone (_		)	
Length of Resid	dence / Month-Year to Month-Y	Year / Monthly Rent		
\$	#			
Mortgage	Mortgage	#_ Mortgage Acct#		
Present Employ	/er (		)	
	City Phone	State Phone		
Position:				
Dates Employe	d: Month-Year to Month-Year			
	Month-Year to Month-Year	Income Per Month	Appl	icant
Present Employ	ver (		)	
Danitian	City Phone	State Phone		
Position:				
Dates Employe	d:			
	Month-Year to Month-Year	Income Per Month	Spor	use

Is spouse of Head of House retired? If so, when and mincome:	nonthly pension, social security and rental		
Emergency Contact	Phone:		
PLEASE ATTACH INCOME VERIFICATION AND ALL APPLICANTS.	A COPY OF VALID DRIVERS LICENSE FOR		
Have you ever had an eviction filed or left owing mon	ney to an owner or landlord?		
Applicant: Yes No Spouse Yes ]	No		
Month-Year to Month-Year			
Street #Apt City	State Zip Code		
Have you ever applied for residency in the past two ye	ears, but did not move in?		
Applicant: Yes No Spouse Yes ]	No		
Have you had adjudication withheld or been convicted	d of a crime?		
Applicant: Yes No Spouse Yes 1	No		
IF YOU HAVE ANSWERED YES TO ANY OF THE THE CIRCUMSTANCES REGARDING THE SITUATION.			
<ol> <li>The Proposed Purchaser(s) or Tenant(s) Agree that He</li> <li>Have read the Rules &amp; Regulations and will al</li> <li>Pay promptly any sums due the Association.</li> <li>Agree to abide by the Association's Declaration</li> <li>Consent to make inquiry of the references provided background inquiries.</li> </ol>	n, Articles of Incorporation and By-Laws.		
Sales/Rental Agent or Owner Signature			
Proposed Purchaser(s) or Tenant(s) Signature(s)	Date		
Second Signature	Date		