

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 _____
Cell Phone _____

Rental From _____ To _____ Purchase/Closing Date _____

Applicant Name: Last _____ First _____ MI _____

SS# _____ DOB _____

Driver's License # _____ State _____

Spouse: Last _____ First _____ MI _____

SS# _____ DOB _____

Current Immigration Card if Applicable: _____

Dependent children under 18 years old may be required to meet with Application Park Committee.

Spouse's Driver's License # _____ State _____

Other Occupant: Name _____ Relationship _____
Age _____ 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 on grass. Overflow parking is by playground.

Auto(s) You Will Keep On Premises: Year _____ Make _____ Type _____ Tag _____

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Pet(s): _____ Type _____ Breed _____ Weight _____ Age _____

Provide vaccination records, county registration and photo of pet.

Home Phone (_____) Cell Phone (_____)

Why moving? _____

Present Address: _____

Street Apt#

City State Zip Code

Present Landlord/Mortgage Holder Phone (_____)

Length of Residence / Month-Year to Month-Year / Monthly Rent

\$ _____ # _____
Mortgage Mortgage Acct#

Previous Address _____
Street Apt# City State Zip Code

Previous Landlord/Mortgage Holder Phone (_____)

Length of Residence / Month-Year to Month-Year / Monthly Rent

\$ _____ # _____
Mortgage Mortgage Acct#

Present Employer (_____)
City Phone State Phone

Position: _____

Dates Employed: _____
Month-Year to Month-Year Income Per Month: Applicant

Present Employer (_____)
City Phone State Phone

Position: _____

Dates Employed: _____
Month-Year to Month-Year Income Per Month: Spouse

Is Head of House Retired, if so date retired and monthly pension, social security and rental income:

Is spouse of Head of House retired? If so, when and monthly pension, social security and rental income:

Emergency Contact _____ Phone: _____

PLEASE ATTACH INCOME VERIFICATION AND A COPY OF VALID DRIVERS LICENSE FOR ALL APPLICANTS.

Have you ever had an eviction filed or left owing money 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 years, but did not move in?

Applicant: Yes ___ No ___ Spouse ___ Yes ___ No ___

Have you had adjudication withheld or been convicted of a crime?

Applicant: Yes ___ No ___ Spouse ___ Yes ___ No ___

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN THE CIRCUMSTANCES REGARDING THE SITUATION ON THE BACK OF THIS SHEET AND PROVIDE DOCUMENTATION.

The Proposed Purchaser(s) or Tenant(s) Agree that He/She/They:

1. Have read the Rules & Regulations and will abide by same.
2. Pay promptly any sums due the Association.
3. Agree to abide by the Association's Declaration, Articles of Incorporation and By-Laws.
4. Consent to make inquiry of the references provided and approved criminal and credit background inquiries.

Sales/Rental Agent or Owner Signature _____

Proposed Purchaser(s) or Tenant(s) Signature(s) _____ Date _____

Second Signature _____ Date _____