

# **COUNTRY RETREAT MOBILE HOMEOWNERS' Association, Inc.**

## **CHECK LIST**

Please be advised an application will not be forwarded for approval until it is completed. The fourteen (14) day approval process does not start until the date the completed application is received.

The entire application needs to be completed and submitted with the application fee and a copy of the sales contract. The fee is \$100 per applicant and any other adults over the age of 18 years who will be living in the unit.

If the Unit is being purchased with cash and no mortgage will be obtained, please write cash sale or none in the mortgage information section.

In the section for financial information, please complete and attach a copy of proof of income, whether that is a W-2; paystub; or tax return.

Page six must be signed by the purchaser and the current owner.

The anticipated closing date and closing agent must also be completed.

NOTE: The application form, fully completed, includes the authorization for release of the applicant's credit report information. This completed form must be returned to Country Retreat Mobile Homeowners' Assn., not less than 14 days (Saturdays, Sundays, Holidays, and the date of receipt accepted) PRIOR to the date action is desired of the Association. Missing or incomplete information will cause the application to be returned, without action. Please do not request that any of these requirements be waived, modified or excepted as the Association is without the authority to do so. The Association will not consider a request to shorten the 14-day approval period. All information provided is confidential (FL Administrative Code 69U-140.002). **CONTRACT FOR SALE AND APPLICATION FEES FOR EACH OWNER AND RESIDENT OCCUPANT OVER THE AGE OF EIGHTEEN (18) MUST FILL OUT SEPARATE APPLICATIONS AND ALL MUST BE SUBMITTED TOGETHER WITH APPROPRIATE FEES.**

(PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY) Please submit Sale Application, Application fee and all other required documentation to **Country Retreat Mobile Homeowners' Assn. \* 921 Faith Circle East #77, Bradenton, FL 34212 Attn: Secretary. 941-747-6123 or 219-393-0021.**

Revised 10-11-21

**Country Retreat Mobile Homeowners' Association, Inc.**  
**APPLICATION FOR SALE AND CONSENT TO TRANSFER UNIT**

The undersigned requests approval to purchase property in Country Retreat MHOA.as follows:

ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_

**PLEASE NOTE**

This application form, fully completed, includes the authorization for release of the applicant's credit report information. This completed form must be returned to Country Retreat Mobile Homeowners 'Association, Inc., **not less than 14 days** (Saturdays, Sundays, Holidays, and the date of receipt accepted) PRIOR to the date action is desired of the Association. Missing or incomplete information will cause the application to be returned, without action. Please do not request that any of these requirements be waived, modified or excepted as the Association is without the authority to do so. The Association will not consider a request to shorten the 14-day approval period. All information provided is confidential (Florida Admin. Code 69U-140.002). **CONTRACT FOR SALE & APPLICATION FEE(S) FOR EACH OWNER AND RESIDENT OCCUPANT OVER THE AGE OF EIGHTEEN (18) LISTED ON THIS APPLICATION MUST ACCOMPANY APPLICATION AT TIME OF SUBMITTAL. (PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY)** Please submit Sale Application, Application fee and all other required documentation to 921 Faith Circle East #77, Bradenton, FL 34212, Attn: Secretary. 941-747-6123 or 129-393-0021.

**SECTION #1: APPLICANT'S INFORMATION**

APPLICANT'S NAME (FIRST, MIDDLE, LAST): \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY or IDENTITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE or COUNTRY: \_\_\_\_\_

PRESENT STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE, COUNTRY: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_ BUSINESS TELEPHONE: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**CO-APPLICANT'S PORTION**

CO-APPLICANT'S NAME (FIRST, MIDDLE, LAST): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY or IDENTITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE or COUNTRY: \_\_\_\_\_

PRESENT STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE, COUNTRY: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_ BUSINESS TELEPHONE: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**OTHER FULL TIME UNIT OCCUPANTS LIVING WITH APPLICANTS \*\*If under 18, please place****SSN and DOB for a Background Check to be completed.**

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_

**Automobiles**

Owners are permitted more than one vehicle onsite. All vehicles **must Park in driveway**. There are **no exceptions to this requirement**; vehicles that are in violation **will be tagged and subject to towing** from the property at the Owner's expense. Please read Rules and Regulations for the type of vehicle you can bring to park.

Make &amp; Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#: \_\_\_\_\_ State: \_\_\_\_\_

Make &amp; Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#: \_\_\_\_\_ State: \_\_\_\_\_

Make &amp; Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#: \_\_\_\_\_ State: \_\_\_\_\_

**INTENDED USE OF UNIT**

**\*NOTE\*** Currently the Association has a Moratorium in place that prohibits all new owners from renting their unit. This Moratorium will remain in place until the current Declaration have been amended. Any owner who purchases a unit during this Moratorium period, who is discovered to have rented their unit, will be in Violation of the Association's Governing Documents; at which time the Association's Board will take all legal remedy available to them by law to enforce the Governing Documents of the Association against the owner in violation. The violating owner will further be responsible for all costs to the Association, including legal, court, fines and management participation to rectify and enforce said violation of the Moratorium.

**Why are you purchasing or renting this unit?**

( ) Personal Housing/Annual/Primary Residence ( ) Personal Housing/Seasonal/Second Home ( ) Rental Annual  
( ) Rental Seasonal ( ) Housing for Relative (Life Time Tenant): Specify whom: \_\_\_\_\_  
( ) Flip Situation

**How will you be utilizing the unit?**

- ( ) Reside in the unit full time on an annual basis, beginning: \_\_\_\_\_  
( ) Occupy part time or on a seasonal basis; Anticipated dates: \_\_\_\_\_  
( ) Occupy part time and rent part time; Specify: \_\_\_\_\_  
( ) Rent unit annually without owners occupying it.  
( ) Rent unit until (year): \_\_\_\_\_; then owners will occupy unit.  
( ) Purchasing Unit for Resale (Flip)

## APPLICANT MORTGAGE INFORMATION

If the unit will be mortgaged, the following information is mandatory for our insurance agent to provide an annual certificate of insurance upon request. If cash sale, indicate "none".

NAME OF MORTGAGE LENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LOAN REFERENCE NUMBER: \_\_\_\_\_

## APPLICANT EMERGENCY INFORMATION

In the event of an emergency, please provide the names of two contacts.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

## APPLICANT FINANCIAL INFORMATION

*Part of the responsibility imposed upon the Association Board of Directors is to determine the ability of the proposed purchaser to meet the financial obligations of the unit. Provide information you feel is appropriate to allow the Association to make this determination, including but not limited to an annual income statement or statement of worth. Please provide proof of income as listed here (Please Note: Failure to provide sufficient information or details will result in return of your application).*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BANK NAME, ADDRESS, PHONE: \_\_\_\_\_

Do you have (check all that apply): Checking Account ( ) Savings Account ( ) Investments ( )  
Mastercard ( ) Visa ( ) Discover ( ) American Express ( ) Other \_\_\_\_\_ ( )

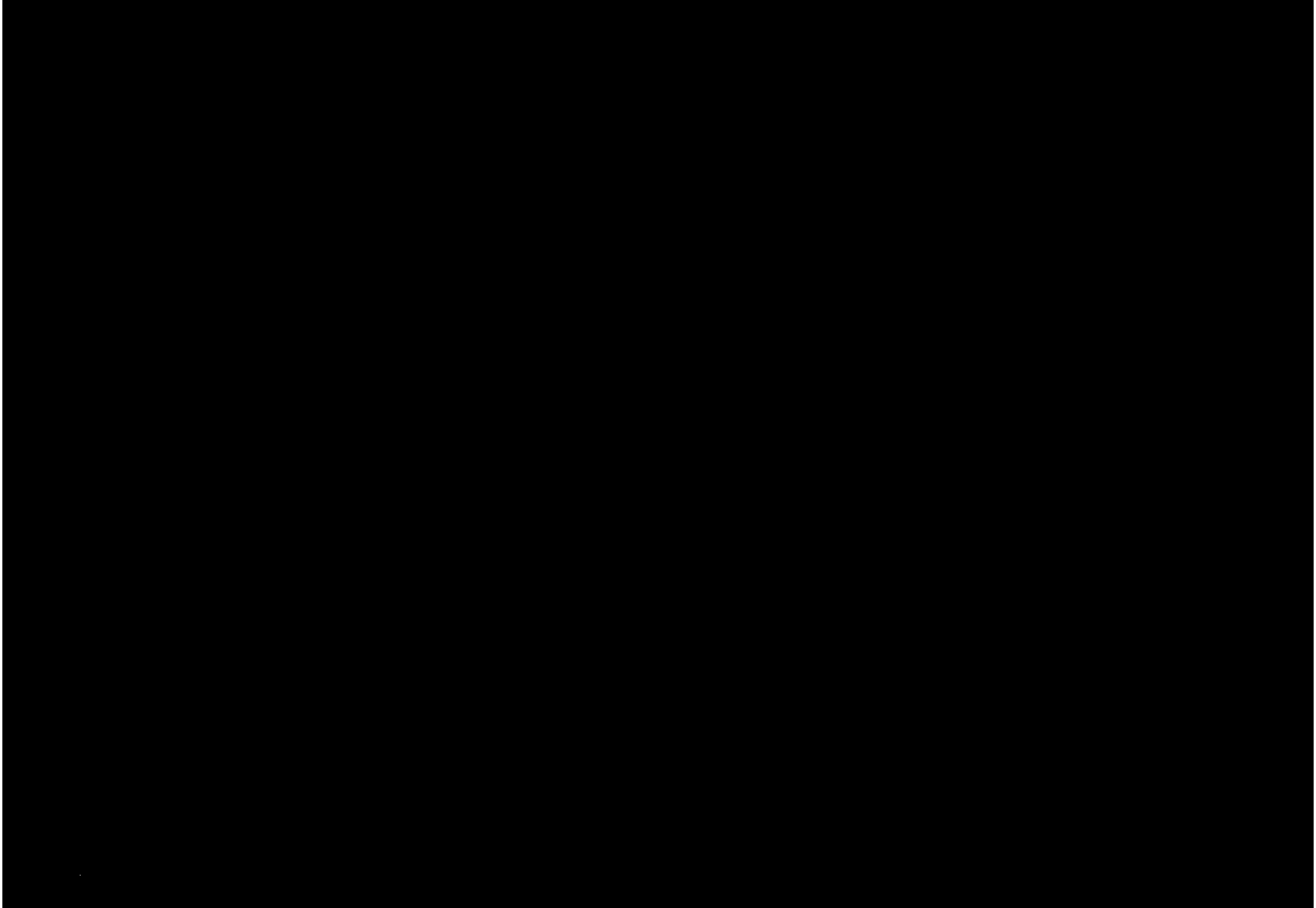
Have you ever declared bankruptcy? Yes ( ) No ( ) If yes, when? \_\_\_\_\_

## APPLICANT GENERAL INFORMATION

Present Landlord/Mortgage Holder Telephone # ( \_\_\_\_\_ )

Address \_\_\_\_\_  
Street Apt# City State Zip Code

Have you ever previously resided in a Mobile Home Park. Yes ( ) No ( ) If yes, when? \_\_\_\_\_



Owners may have two (2) pets; cats or dogs only. No pet may exceed 25 lbs. when fully grown or be more than 16" at the shoulder. The Association request a Certificate of Weight, Proof of Vaccinations and Chipped from a licensed veterinarian. Please read the Association's Rules and Regulations. Will you have a pet in your home? Yes ( ) No ( )

DOG BREED: \_\_\_\_\_ DOG'S NAME: \_\_\_\_\_  
DOG'S COLORING: \_\_\_\_\_ SPAYED OR NEUTERED? Yes ( ) No ( )  
FULL GROWN WEIGHT: \_\_\_\_\_ lbs. LAST SHOTS: \_\_\_\_\_ RABIES TAG #: \_\_\_\_\_  
CHIP \_\_\_\_\_ PICTURE OF PET(S) \_\_\_\_\_

CAT BREED: \_\_\_\_\_ CAT'S NAME: \_\_\_\_\_  
CAT'S COLORING: \_\_\_\_\_ SPAYED OR NEUTERED? Yes ( ) No ( )  
FULL GROWN WEIGHT: \_\_\_\_\_ lbs. LAST SHOTS: \_\_\_\_\_ RABIES TAG #: \_\_\_\_\_  
CHIP \_\_\_\_\_ PICTURE OF PETS(S) \_\_\_\_\_

### APPLICANT ACKNOWLEDGEMENT OF RECEIPT OF DOCUMENTS

Before you complete and sign this form, the seller must provide to you the following condominium documents. Have you reviewed and received for your permanent records:

Declaration of Mobile Home Yes ( ) No ( )

Articles of Incorporation Yes ( ) No ( )

Bylaws Yes ( ) No ( )

Rules and Regulations of Country Retreat Mobile Homeowners' Assn. Yes ( ) No ( )

*I/we understand for this fiscal year the Shareholders current Monthly Maintenance Assessment, is \$190.00. (Initial: \_\_\_\_\_) Non-Shareholders current Monthly Maintenance Assessment is \$430.00. (Initial: \_\_\_\_\_)*

Please note: The law provides you with three days, excluding Saturdays, Sundays and legal holidays, after receipt of the above documents in which to cancel your purchase of the unit. It is important that you take the time to read and understand those documents as they will govern the use of this unit and the operation of the Association.

*I understand that I am responsible for knowing and reviewing the contents of the above documents and I will be held to comply with all the provisions therein.* Yes ( ) No ( )

Upon successful processing of this application, the Association will issue an "Approval of Unit Transfer" form to your closing agent which will then be recorded in the public records along with your deed. So we may properly complete that form, please provide the full and complete names of the parties the Proprietary Lease will be in:

Name(s) as it would appear on Proprietary Lease: \_\_\_\_\_

( ) Single Man ( ) Single Woman ( ) Holder of Life Estate ( ) Husband/Wife ( ) Joint Ownership

### APPLICANT RESPONSIBILITIES AND ATTESTATION

1. The applicant(s) agree to assume any financial obligations of the seller to the Association that may be outstanding at closing and to pay such obligations, as designated or agreed upon, at time of closing.
2. The applicant(s) agree to abide by all Country Retreat MHOA rules and regulations posted on the property, detailed in the Documents, Covenants, and contained in the Rules and Regulations of the Association.
3. The applicant(s) agree to request and obtain approval from the Association before selling the unit or allowing others to use their unit when they themselves are not in residence.

4. The applicant(s) agree to complete and submit this applicant, a minimum of 14 days, prior to closing, to the Association Office for processing and approval of the Board of Directors.
5. The applicant(s) understand that they must return the Association Membership Information Form with this Application.
6. The applicant(s) understand that this application is not assignable.
7. Provide, herewith, a **non-refundable application fee in the amount of \$100.00** per individual of age eighteen (18) years or over stated on the application as purchasers of the unit, to cover the costs of the company associated with processing this application.

I/we certify that all the above information is correct. I/we certify that a copy of the Association's current Rules and Regulations were provided to me/us with this application. I/we authorize my current and former employers, any credit information agency, any state driver license agency, any prior condominium board or apartment manager, or any bank to furnish records of my service, credit, driver's license, residency, and/or bank account information, together with all such other information as those agencies may have on me/us, whether on record or not. I/we further permit the Country Retreat MHOA Agent to conduct such investigation as they deem appropriate and to obtain any record concerning me from any agency, and hereby forever release and discharge from any claims, liability, actions for damages, compensation or otherwise, known or unknown, the Board of Directors of Country Retreat Mobile Homeowners' Association, it's officers, agents and employees and all other persons acting on its behalf, any person or agency furnishing said information because of the investigation of this application or arising out of the disclosure of any information concerning the investigation of this application. A reproduced copy of this release shall be as valid as the original copy.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

➤ The anticipated date of closing of this sale is: \_\_\_\_\_

➤ Closing Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## SECTION II: PRESENT UNIT OWNER'S PORTION

As the present owner(s) of Unit #\_\_\_\_\_, I/we agree to:

1. Provide the purchaser with a current and complete set of Country Retreat MHOA Documents and any booklets, pamphlets, warranties or manuals provided by the Developer and/or the Association.
2. Pay all financial obligations to the Association prior to closing.
3. Surrender to the new owner, at time of closing, the house key, mailbox key, or other identifications provided to the current owner by the Association.
4. To provide, herewith, the Association with a copy of the contract of sale. (Note: the Association keeps Sales Contracts in strict confidence until such time as it becomes public record.)

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## SECTION III: NEIGHBORHOOD ASSOCIATION PORTION

This application was received for processing on: \_\_\_\_\_ By: \_\_\_\_\_

Proper Application processing fee attached? Yes No From: \_\_\_\_\_ Check # \_\_\_\_\_

*Country Retreat MHOA Board of Directors and/or their representative approve the above*

*Application for Purchase on this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.*

\_\_\_\_\_  
Board Member Name & Title

\_\_\_\_\_  
Board Member Name & Title

Upon Approval/Denial send to : \_\_\_\_\_