

MOBEL AMERICANA RO ASSOCIATION INC.dba AMERICANA COVE

APPLICATION FOR PURCHASE / RENT / SUB-LEASE

(Must be submitted prior to the expected Closing Date, and APPROVED before any deposit can be applied to a re-sale or new home purchase).

HOME IN AM. COVE _____ LOT# _____ (OFFICE USE)

(Only fully completed applications will be accepted. Must be PRINTED or TYPED)

A. APPLICANT DETAILS

Last Name: _____ First Name: _____ M.I. _____

Present Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Birth Date: ____/____/____ Soc. Sec. #: ____/____/____ ALT. Phone: _____

Drivers Lic. #: _____ E-mail address: _____

Marital Status M / S / D / W

Have you ever been convicted of a felony? Y / N Veteran Y / N

If Yes, for What: _____ Where: _____ When: _____

1. EMPLOYMENT STATUS (APPLICANT) RETIRED Y / N

Employer Name: _____

Employer Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Position: _____ How Long: _____ Approx. Monthly Income \$ _____

Employer Name: _____

Employer Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Position: _____ How Long: _____ Approx. Monthly Income \$ _____

B. CO-APPLICANT DETAILS

Relationship to Applicant: _____

Last Name: _____ First Name: _____ M.I. _____

Present Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Birth Date: ____/____/____ Soc. Sec. #: ____/____/____ ALT. Phone: _____

Drivers Lic. #: _____ E-mail address: _____

Marital Status M / S / D / W

Veteran Y / N

Have you ever been convicted of a felony? Y / N

If Yes, for What: _____ Where: _____ When: _____

2. EMPLOYMENT STATUS (CO-APPLICANT)

RETIRED Y / N

Employer Name: _____

Employer Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Position: _____ How Long: _____ Approx. Monthly Income \$ _____

Employer Name: _____

Employer Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Position: _____ How Long: _____ Approx. Monthly Income \$ _____

C. OCCUPANCY DETAILS

Total # of Occupants Adults # _____ Children # _____

Auto 1. Make _____ Model/Year _____ Plate # _____ State _____

Proof of Registration: _____

Auto 2. Make _____ Model/Year _____ Plate # _____ State _____

Proof of Registration: _____

D: CREDIT and FINANCIAL DETAILS

Credit Reference Name (Major Credit Cards) OFFICE USE Credit Score (a) _____ Credit Score (b) _____

1. _____ Acct. # _____ Amount Owed \$ _____

2. _____ Acct. # _____ Amount Owed \$ _____

3. _____ Acct. # _____ Amount Owed \$ _____

4. **Present Landlord or Mortgage Company:** _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

E. PERSONAL REFERENCE (Excluding Relatives or Employers)

1. First Name: _____ Last Name: _____ MI _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

2. First Name: _____ Last Name: _____ MI _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

F. RESIDENCY

1. Will you be residing here permanently? **Y / N**

If **NO**, how many months you will be here? _____ Date ____/____/____ to ____/____/____

G. REALTOR INFORMATION:

Name: _____ Phone: _____

H. PET INFORMATION: Please fill out the attached form #502 completely. If this does not apply please "X" out the form, sign and date.

****PLEASE READ CAREFULLY** APPLICANTS CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if accepted, falsified statements on this application shall be considered sufficient cause for eviction. You are hereby authorized to make any investigation of my personal, financial and credit record through any investigative agency, credit agency or bureau. I UNDERSTAND THE MINIMUM CREDIT SCORE ACCEPTED IS 650.

I understand Americana Cove has a two (2) month minimum requirement for leasing or renting and that a copy of the Lease must accompany the application.

I am aware that the decision of the Association will be final, and no reason need be provided for any action taken by the Board.

I hereby agree for myself and accept all responsibility on behalf of all persons who may use the home I seek to purchase/sub-lease, that I will abide by all of the restrictions contained in the By Laws, Rules and Regulations, Documents and Restrictions that are or may be imposed by the Board of Directors.

I understand that there will be a personal orientation with management and a board member, if applicable, after the application has been approved.

Signature of Applicant X _____ Date: _____

Signature of Co-Applicant X _____ Date: _____

Manager Approval: _____ Date: _____

Board Member Approval: _____ Date: _____

Mobel Americana RO Association dba Americana Cove
7201 1st Street NE
St. Petersburg, FL 33702
727-526-9141 / 727-527-4874 Fax maroa@americanacove.com
****TO BE COMPLETED BY****
MOBEL AMERICANA RO ASSOCIATION dba AMERICANA COVE

Application received by: _____

Effective date of Rental Agreement: ____/____/____

Rental Agreement Lease # Months ____ ____/____/____ to ____/____/____

(Applicant is required to notify the business office of the exact date of closing as soon as known).

Holding Deposit \$ _____ Monthly Rent \$ _____ Home payment \$ _____

Address of Home site rented _____ Lot # _____

NON-REFUNDABLE APPLICATION FEE

\$100.00 per individual

\$100.00 per married couple

Proof of Age

Form 501 Revised: Sept. 2006, July 2011, June 2014, January 2015