

Mobel Americana RO Association dba Americana Cove

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St. Petersburg, FL 33702

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APPLICATION FOR PART TIME GUESTS / CAREGIVERS/ SHARE MODIFICATION

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

RESIDENTS NAME: _____ Credit Score (a) _____ Credit Score (b) _____

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: _____

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: _____

C. RESIDENCY Will you be residing here permanently? **Y / N** If **NO**, how many months you will be here? _____

DATES OF RESIDENCY ____/____/____ to ____/____/____

Signature of Applicant X _____ Date: _____

Signature of Co-Applicant X _____ Date: _____

Manager Approval _____ Date: _____

Board Member Approval _____ Date: _____

NON-REFUNDABLE APPLICATION FEE

\$60.00 per individual / \$60.00 per married couple / Proof of Age