TRIPAR ESTATES PARK AND RECREATION DISTRICT
APPLICATION FOR *RENTAL or NON-OWNER*

DATE: _____

*A **$50.00 Non-Refundable Application Fee PER APPLICANT is due when form is submitted***

Duration of rental: **From:** ___ /____/ ____ **To**: ____/____/____

Re-Certification Season 20 / 20 Re-Certification Season 20_ / 20
Re-Certification Season 20 / 20 Re-Certification Season 20 / 20

_____
Property Address

THE UNDERSIGNED HEREBY SUBMITS THIS APPLICATION TO THE BOARD OF TRUSTEES TO OCCUPY A UNIT IN TRIPAR ESTATES PARK AND RECREATION DISTRICT.

Name(s) of Applicant(s): (Please print clearly)

1st Applicant_____
LAST NAME FIRST NAME INT. DOB

2nd Applicant_____
LAST NAME FIRST NAME INT DOB

PLEASE NOTE: Each applicant shall attach to this application a photocopy of a bona fide personal identification including name, birth date, and (if practicable) a portrait photograph. Acceptable forms of identification include driver's license, passport, or other Government issued identification.

APPLICANT'S PERSONAL HISTORY:

1. Home Address:

_____

(Street) (City) (State) (Zip Code)

2.Current Home Telephone Number: ( ) _____

3 Cell Phone Number:( )_____

Applicant's Initials _____ **Applicant's Initials _____**

OFFICE USE:

This form has been filled out in its entirety. Reviewed by: _____

PET SECTIONS:

*There are rules and regulations regarding the keeping of pets. Pet Section questions must be completely filled out or the application will be returned to the applicant.

3. *In Pet Section? (Please check Yes or No) _____ _____
Yes No

*Does Proposed Occupant Own a Pet? _____ _____
Yes No

*If Yes, What Breed? _____ Height_____ Weight ____

DETAILS OF PROPERTY OWNER:

A. Name of Owner: .....

B. Signature of Owner:_____

Owners who are renting their property must notify the office by mail, fax, or email of when the tenant will be staying in **TriPar Estates Park & Recreation District.**

Rental Tax for Rental property: Rentals for six(6) months or less are subject to specific taxes. A **tourist development tax payable to Sarasota County and a sales tax payable to the Florida Department of Revenue. "For further information you may contact Sarasota Tax Collector or go to http://www.sarasotataxcollector.com/tourist_pages/tdt_bome.htm**

Applicant's Initials _____ **Applicant's Initials _____**

INFORMATION CONCERNING INTENDED OCCUPANCY:

4. Will anyone other than the person(s) listed on this application be occupying the dwelling unit?

Please check Yes or No: _____ Yes _____ No

(Including owner/s) If Yes, Provide Name, Age(s) and Relationship to you.

Name	Age	Relationship

·Name Age Relationship

NOTE: Generally, occupancy is limited to TWO (2) PERSONS, one of whom must be 55 years of age or older and the other of whom must be 45 years of age or older. TriPar Estates Park and Recreation District is "housing for older persons" within the meaning of the Fair Housing Amendments Act of 1988. A proposed occupant who does not meet the foregoing criteria must be a bona fide caregiver, who must be separately approved by the Board of Trustees. A guest whose stay shall not exceed thirty (30) days in **any twelve (12) month period shall not be counted as an "occupant".**

5. Anticipated Length of Stay: [ ] 3 months [ ] 6 months [ ] 9 months [ ] Full time [ ] Other ___ (One month minimum)

From: _____to: _____ From: _____to: _____

From: _____to: _____ From: _____to: _____

From: _____to: _____

APPLICANT'S INFORMATION IN CASE OF EMERGENCY:

6. Contact Person in Case of Emergency: **(Other than co-applicant)**

Name: .....

Relationship: _____

Address: .....

Telephone: _____

Applicant's Initials _____ **Applicant's Initials _____**

ADDITIONAL INFORMATION:

7. Type(s) and Number(s) of Motor Vehicles (including owners) to be parked on Premises:

_____

_____

NOTE: Recreational Vehicles, Boats, Trailers, Canoes, etc. CANNOT be parked on the Premises.

8. Does Proposed Occupant Own::

Recreational Vehicle: ____ (Yes) _____ (No) If Yes, Type and Size: _____

Boat: _____ (Yes) _____ (No) If Yes, Size: _____

Cargo/Utility Trailer: Yes _____ No ____ If Yes, Type and Size: _____

NOTE: There are rules and regulations regarding the keeping of vehicles (other than passenger cars). Arrangements for off-premises storage may be required. Space in the R.V. storage area is limited. Assignments of storage spaces are provided on a first come first serve basis.

APPLICANT'S ACKNOWLEDGEMENT OF COMMUNITY RESTRICTIONS

Before Applicant completes and signs this Application, Applicant is advised that certain restrictions, conditions, covenants and other provisions pertain to the ownership and use of property in TriPar Estates. Accordingly, Applicant is hereby advised to obtain from the Owner, or the Applicant may read them on the Community Association website (www.triparestates.com, or triparpark.org), a copy of all current Community Documents, including the Declaration of Restrictions, as amended, the enabling Act of the Park, Park and Recreation District, the Articles of Incorporation and By-laws of the homeowners association, and the Rules and Regulations promulgated by the Board of Trustees.

THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF THE FOLLOWING DOCUMENTS, HAS READ AND UNDERSTANDS THE CONTENTS OF THE DOCUMENTS:

(Please **check-off** and **initial** each one)

[ ] Declaration of Deed Restrictions, with Amendments thereto
[ ] Enabling Act of TriPar Estates Park & Recreation District
[ ] Rules and Regulations

Applicant's Initials _____ **Applicant's Initials _____**

TRIPAR ESTATES PARK & RECREATION DISTRICT

1616 Presidio St.
Sarasota FL 34234

Under 55 Disclosure

I understand TriPar Estates Park and Recreation District is a community intended and operated as "housing for older persons" within the meaning of the Fair Housing Amendments Act of 1988, 2 U.S.C. Sections 3601, et seq.

I understand occupancy of a dwelling unit on a lot shall not be permitted unless at least one person in such dwelling unit shall be fifty-five (55) years of age or older; provided however, all other occupants (excluding "under age guests" as defined below) of the dwelling unit must be at least forty-five (45) years of age.

An "under age guest" of a lot owner or an authorized lot renter shall, without restriction due to age or familial status, be permitted to stay in a lot owner/renter's dwelling unit provided such stay does not exceed a total of thirty (30) days in any twelve (12) month period.

By signing below I agree to all of the conditions stated above:

_____ Date: _____

_____Date: .....

Applicant's Initials _____ **Applicant's Initials _____**

TRIPAR ESTATES PARK & RECREATIONS DISTRICT
1616 Presidio St.
Sarasota FL 34234

AGE VERIFICATION STATEMENT

As required by Federal Law, this community is a 55 and over community and is intended to provide housing for older persons in accordance with the Housing for Older Person Act. Part of that Act requires housing providers to verify the ages of resident who live in the community.

Name of 1st Applicant _____

Name of 2nd Applicant _____

Check the method of Age Verification Provided:

1st Applicant	2nd Applicant
Date of Birth.....	Date of Birth.....
_____ Driver's License	_____ Driver's License
_____ Passport	_____ Passport
_____ State Identification	_____ State Identification
_____ Birth Certificate	_____ Birth Certificate

Signature of 1st Applicant _____Date _____

Signature of 2nd Applicant _____Date _____

Applicant's Initials _____ **Applicant's Initials _____**

TRI-PAR ESTATES PARK AND RECREATION DISTRICT

ACKNOWLEDGEMENT

THE UNDERSIGNED ACKNOWLEDGES THAT THE APPROVAL OF THE BOARD OF TRUSTEES WITH RESPECT TO THE APPLICANT'S PROPOSED OCCUPANCY OF PROPERTY IN TRIPAR ESTATES IS CONDITIONED UPON THE UNDERSIGNED'S AGREEMENT TO ABIDE BY AND COMPLY WITH THE ABOVE-DESCRIBED RESTRICTIONS, CONDITIONS, COVENANTS AND OTHER PROVISIONS CONTAINED IN THE COMMUNITY DOCUMENTS AS PRESENTLY CONSTITUTED AND AS THE SAME MAY BE HERREAFTER AMENDED FROM TIME TO TIME.

UNDER PENALTY OF PERJURY, THE UNDERSIGNED DECLARED, SWEARS AND AFFIRMS THAT THE UNDERSIGNED HAS EXAMINED THE FOREGOING APPLICATION, AND TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

APPLICANT SIGNATURE (S) NEEDS TO BE WITNESSED/NOTARIZED BELOW:

_____ Date: .....
Signature of Applicant

_____ Date: .....
Signature of Co-applicant

_____
Witness's Signature

STATE OF _____

COUNTY OF _____

The foregoing Certificate was acknowledged before me this day of _____,20_,
by _____,who
(Notary choose one) [ ] is/are personally known to me, or [ ] has produced identification:

_____
Identification

_____
Signature of Notary Public

_____
Print name of Notary Public, affix seal and state
Notary's commission number and expiration date

_____ Date: _____
Signature of Owner

FOR USE BY THE BOARD OF TRUSTEES

_____ REVIEWED APPLICATION FOR ACCURACY AND COMPLETENESS.

Name of 1st Applicant _____

Name of 2nd Applicant _____

COMMENTS:

REVIEWING TRUSTEES:

_____
Signature Date

_____
Signature Date

Board Approval

Yes [ ] No [ ]

Yes [ ] No [ ]

Yes [ ] No [ ]

BACKGROUND CONSENT AND ACKNOWLEDGEMENT

I hereby give authorization to contact and/or verify any and all of the above information, plus a criminal background check. I agree that falsification or omission of above data is grounds for rejection of application, or subsequent eviction from the Park. I acknowledge receipt of a copy of the Deed Restrictions and Park rules, and if application is approved agree to support and comply with all provisions of said Restrictions and published rules of Tri-Par Estates Park & Recreation District.

Signature of applicant_____ Date _____

Application Fee: $50.00 Per Applicant Check No. _____ Date _____

SIGNATURE NOTARIZATION

STATE OF FLORIDA
COUNTY OF SARASOTA

This foregoing instrument was acknowledged before me this _____ day of _____, 20_____

By _____ ( ) who is personally known to me

or ( ) who has produced _____ as identification and who

did take an oath.

_____
Signature of Notary

_____
Print Name of Notary & Affix Seal
My Commission Expires _____

APPLICATION ACTION BY BOARD OF TRUSTEES

Submitted for Background Check _____ Date _____ Received _____

Approved for Occupancy _____ Meets Age Requirement

Disapproved for Occupancy _____ Does Not Meet Age Requirement

Disapproved - Identify Reason Below

_____

x_____ Date _____
Signature – Authorized Trustee

Applicant Signature: _____ Property Address: _____

Date _____ by Phone _____ or Letter _____ Email_____ Initials _____

TRI-PAR ESTATES PARK and RECREATION DISTRICT

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA

(FAIR CREDIT REPORTING ACT)

This authorization and consent for release of personal information acknowledges that **TRI-PAR ESTATES PARK and RECREATION DISTRICT** (Hereafter referred to as "Company") and/or its agent, C4 Operations LLC may now, or at any time renting from conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work rental history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records. I understand that these searches will be used to determine renting eligibility under the company's renting policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether occupancy was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations LLC, 1201 Edgewood Rd SW, Cedar Rapids, IA 52404** at telephone number (319) 491-6300. After reading this document, I fully understand its contents and authorize the background verification.

Signed this _____day of _____, 20_____

Applicant (Print Name)

_____

Applicant Signature

_____

Background Screening Information Form

Basic Information

Legal First Name	Legal Middle Name	
Legal Last Name	Maiden and/or Other Last Name Used	
Email Address		
Date of Birth	Social Security Number	
Current Physical Address (no P.O. Boxes)		
City	State	Zip

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES NO If YES, please provide an explanation below:

_____

_____

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

_____

_____

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

_____

_____

4. Have you ever been arrested for molesting or abusing a minor? YES NO If YES, please provide an explanation below:

_____

_____

5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO If YES, Please provide an explanation below:

_____

_____

6. As of the date of this authorization, do you have any pending criminal charges against you? YES NO If YES, Please provide an explanation below:

_____

_____

7. As of the date of this authorization, have you ever been evicted? YES NO If YES, Please provide an explanation below:

_____

_____

Address History Please provide a complete address history for the past 5 years.

Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete, that is grounds for the cancellation of any or all offers of occupancy that may exist and may be used at the discretion of TRI-PAR ESTATES PARK AND RECREATION DISTRICT.

Signed this _____ day of _____, 20_____

Applicant (Print Name):
Applicant Signature:

_____

Signature Date

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