TRIPAR ESTATES PARK AND RECREATION DISTRICT
APPLICATION FOR *RENTAL or NON-OWNER*
*A **$50.00 Non-Refundable Application Fee is due when form is submitted to office***

Season 20___ / 20____

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 IITSTORY:

1. Home Address: (Street) (City) (State) (Zip Code)

2. [ ] Current Home Telephone Number: ( ) _____

3. [ ] Cell Phone Number:( )_____

Please check the telephone number above to be used for the **front gate directory code.**

Applicant's Initials ___ Initials ___

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 ___ Initials __

INFORMATION CONCERNING INTENDED OCCUPANCY:

4. (Including owner/s) 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. Holiday Park, 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 ___ 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: If Yes, Type and Size: _____
YES ☐ NO ☐

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), 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 Restrictions, with Amendments thereto
[ ] Enabling Act of Holiday Park, Park and Recreation District
[ ] Rules and Regulations

Applicant's Initials ___ Initials ___

TriPar Estates
Park & Recreation District

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 __ 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 __ Initials __

APPLICANT(S) HEREBY ACKNOWLEDGE THAT ALL FAMILY, GUESTS AND OTHER INVITEES, SHALL BE HELD RESPONSIBLE FOR COMPLIANCE WITH ALL OF THE RESTRICTIONS, CONDITIONS, COVENANTS AND OTHER PROVISIONS CONTAINED IN THE COMMUNITY DOCUMENTS, INCLUDING, BUT NOT LIMITED TO, RESTRICTIONS CONCERNING THE USE OF A DWELLING UNIT AS A SINGLE FAMILY RESIDENCE BY NOT MORE THAN TWO PERSONS (WITHOUT SPECIAL PERMISSION OF THE BOARD OF TRUSTEES), AND RESTRICTIONS CONCERNING THE AGES OF OCCUPANTS.

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 <u>WITNESSED/NOTARIZED BELOW:</u>

_____ Date: .....
Signatme of Applicant

_____ Date: .....
Signatme 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.

_____
Signature of Notary Public

_____
Print name of Notar 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.

COMMENTS:

REVIEWING TRUSTEES:

Board Approval

_____ Yes [ ] No [ ]
Signature Date

_____ Yes [ ] No [ ]
Signature Date

_____ Yes [ ] No [ ]
Signature Date