TriPar Estates, Park & Recreation District
1616 Presidio St.
Sarasota, Fl 34234

TRIPAR ESTATES, PARK AND RECREATION DISTRICT
APPLICATION FOR *PURCHASE*
A $50.00 Non-Refundable Application Fee for each applicant is due when form is submitted to office

Current Owner:_____

Property Address _____

THE UNDERSIGNED HEREBY MAKES APPLICATION TO THE BOARD OF TRUSTEES TO PURCHASE A LOT IN TRIPAR ESTATES PARK AND RECREATION DISTRICT.

Note: If this property is being purchased under an LLC, please include the LLC Name and a copy of the Annual Report showing named applicant(s) as officers.

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

1st _____
LAST NAME FIRST NAME MIDDLE INITIAL

2nd _____
LAST NAME FIRST NAME MIDDLE INITIAL

2. 1st Date of Birth: _____

2nd Date of Birth: _____

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, Birth Certificate or other Government issued identification.

APPLICANT'S PERSONAL HISTORY:

3. Current Home Address: _____
(Street) (City) (State) (Zip Code)

4. **[ ]** Current Home Telephone Number: (_____)_____

5. **[ ]** Cell Phone Number: (___) _____

6. Email 1: _____Email 2: _____

Please check the telephone number above to be used for the **Resident Directory**.

Applicant's Initials _____ **Applicant's 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 rejected and returned to the applicant.**

6. *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 PURCHASE PROPERTY:

7. Manner of Holding Title for Buyer:

[ ] Alone
[ ] Husband and Wife
[ ] As Joint Tenants with right of survivorship
[ ] As Tenants in Common (without right of survivorship)
[ ] As Trustee under Trustee Agreement
[ ] Other (Specify): _

8. Anticipated Closing Date: _____Occupancy Date: _____

INFORMATION CONCERNING INTENDED OCCUPANCY:

9. Will anyone other than the person(s) on this application be occupying the dwelling unit? Please check Yes or No. _____ **(YES)** _____ **(NO)**

If Yes, Provide Name, Age(s) and Relationship to Owner: (must include copy of valid ID/driver's license)

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. All owners who do not meet the age requirement will not be allowed to stay for a period of more than 30 days in a 12 month period.**

10. Anticipated Length of Stay: [ ] 3 months [ ] 6 months [ ] 9 months [ ] Full time
[ ] Other Please Specify_____

Applicant's Initials _____ Applicant's Initials _____

APPLICANT'S INFORMATION IN CASE OF EMERGENCY:

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

Name: Name: _____
Relationship: Relationship: _____
Address: Address: _____
Telephone: Telephone: _____

ADDITIONAL INFORMATION:

12. Type(s) and Number(s) of Motor Vehicles to be Parked on Premises: _____

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

13. Does Proposed Occupant Own (?):

Recreational Vehicle: _____ _____ If Yes, Type and Size: _____
Yes No

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

Cargo/Utility Trailer: _____ _____ If Yes, 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 Storage lot is limited and assigned 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 Seller or the real estate broker (if any), or that Applicant may receive from the Office of TriPar Estates, Park and Recreation District, 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 TriPar Estates Park & Recreation District, and the Rules and Regulations promulgated by the Board of Trustees.

THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF THE FOLLOWING DOCUMENTS AND HAS READ AND UNDERSTANDS THE CONTENTS OF THE DOCUMENTS:
(Please **check-off** & **initial** each one)

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

Applicant's Initials _____ Applicant's 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 _____ 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 people in accordance with the Housing for Older Person Act. Part of that Act requires housing providers to verify the ages of residents who live in the community.

Name of 1st Applicant _____

Name of 2nd Applicant _____

Check the method of Age Verification Provided: This application must include a copy of the verification provided. A separate verification form must be completed for all applicants and or additional individuals who will be occupying the dwelling from page 2 section 9 of this application.

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 _____

TRIPAR ESTATES PARK & RECREATIONS DISTRICT
Acknowledgement

APPLICANT(S) HEREBY ACKNOWLEDGES THAT ALL FAMILY, GUESTS, AND 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 PURCHASE OF PROPERTY IN TRIPAR ESTATES PARK & RECREATION DISTRICT 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.

Signature of Applicant	Date:
Signature of Co-Applicant	Date:
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 Notary Public, affix seal and state
Notary's commission number and expiration date

FOR USE BY THE BOARD OF TRUSTEES

_____ REVIEWED APPLICATION FOR ACCURACY AND COMPLETENESS.

Name of 1st Applicant _____

Name of 2nd Applicant _____

COMMENTS:

_____

_____

_____

REVIEWING TRUSTEES: **BOARD ACTION:**

NAME	DATE	APPROVED	DISAPPROVED

Application Action by Board of Trustees Following Background Check

Approved Purchase/Title Transfer _____ **Disapproved Purchase/Title Transfer** _____

Approved for Occupancy _____ **Disapproved for Occupancy** _____

Comments: _____

_____

_____

TRIPAR ESTATES PARK & RECREATIONS DISTRICT
BACKGROUND CONSENT AND ACKNOWLEDGEMENT

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:

Background Screening by C4 Operations, Inc. | 1-888-519-6283