

PURCHASER APPLICATION

	Purchaser #1	Purchaser #2
Full Name:		
Date of Birth:		
Driver's License #:		
Expiration Date:		
State:		
Phone#:		
Email:		
Current Employer:		
Employer Phone:		
Current Address:		
Own or rent at this address:		
Years at this address:		
Previous Address:		
Own or rent at this address:		
Years at this address:		

References:

1. Name _____ Relationship _____
 Address _____
 Phone _____ E-mail _____

2. Name _____ Relationship _____
Address _____
Phone _____ E-mail _____

3. Name _____ Relationship _____
Address _____
Phone _____ E-mail _____

Do you have any pets?

(YES/NO)

Are you aware that no pets are allowed within the Town and Country Mobile Home Park?

(YES/NO)

NOTE: Reasonable accommodations for a support animal will be provided for a resident/owner with a disability (Board notification and approval required).

All of the governing documents of Town and Country Mobile Home Park of Largo, Inc. shall apply to any purchaser, occupant, visitor, or guest. Any changes(s) to the original approved application shall require a new completed application.

Have you been provided with copies of the Town and Country Mobile Home Park, a Residential Cooperative, Master form Proprietary Lease, the Articles of Incorporation for Town and Country Mobile Home Park of Largo, Inc., the By-Laws for Town and Country Mobile Home Park of Largo, Inc., and the Rules and Regulations of Town and Country Mobile Home Park of Largo, Inc.?

(YES/NO)

Have you read them? (YES/NO)

Do you understand them? (YES/NO)

If no to any of the above, please explain:

Do you agree to abide by the Town and Country Mobile Home Park, a Residential Cooperative, Master form Proprietary Lease, the Articles of Incorporation for Town and Country Mobile Home Park of Largo, Inc., the By-Laws for Town and Country Mobile Home Park of Largo, Inc., and the Rules and Regulations of Town and Country Mobile Home Park of Largo, Inc.?

(YES/NO)

Are you aware that a violation of the governing documents of Town and Country Mobile Home Park, a Residential Cooperative, may result in an enforcement action by the Association which may include, but is not limited to, termination of an assignment of proprietary lease?

(YES/NO)

Are you aware that failure to pay assessments to the Association when due and payable may result in a lien on your property?

(YES/NO)

Do you agree to a criminal background check?

(YES/NO)

If yes, please note there is a fee for the background check, and you will be required to execute another waiver in conjunction with same.

By signing below, the undersigned attests that all information provided in this application is true and correct to the best of their knowledge, and further agrees to abide by all of the Association governing documents.

I, the undersigned, authorize this information to be verified in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is hereby released from any and all claims of liability for compliance.

	Purchaser #1	Purchaser #2
Print name:		
Signature:		
Date:		

Board Signatures:

1. _____ Approve ____ Deny _____ Date _____
2. _____ Approve ____ Deny _____ Date _____
3. _____ Approve ____ Deny _____ Date _____