



SCHALAMAR

C R E E K

MUST INCLUDE:

Lot # _____

Legible copies of Driver's license(s)

Date of application _____

Payment - Check or money order

Rental Dates: (if applicable) _____

Signature on ALL areas indicated

Applicant(s) _____

Referred by: (Resident name if renting) _____

Received from: _____

Screening is for:

Purchase - \$50 per person for Background AND Credit Check

Contacted with result

Make a file and wait for additional sales paperwork

Rental - \$25 per person for Background ONLY – No Credit is run

Contacted with result

Entered in Rent Manager as **OCC**upant

Sticker for vehicle(s)

Enter in Renter worksheet

Results to: Applicant Sales Other _____

Submitted to Screening Reports (USA) Usually back in 24 – 72 hours

MAF (Canadian) Usually back in 2 - 3 weeks

Notes: _____

PLEASE PRINT AND ANSWER ALL QUESTIONS

1. Applicant Print Name:			
Home Phone:		Cell Phone:	
Social Security #:		Date of Birth:	
Current Address:		City:	State: Zip:
Previous Address:		City:	How Long? State: Zip:
Email Address		How Long?	

Current Landlord/Mortgagee Information ___ Own ___ Rent ___ Residential Home ___ Manufactured Home

Print Name:		Phone #:
Address:		Fax #:
Rental Dates:	From: To:	Monthly Amount:

Previous Landlord/Mortgagee Information

Print Name:		Phone #:
Address:		Fax #:
Rental Dates:	From: To:	Monthly Amount:

Occupation of Applicant

Present Employer	Supervisor:	Phone #:
	Position:	Fax #:
	Annual Income:	Employment Date:

Previous Employment if less than 4 years on present job

Previous Employer	Supervisor:	Phone #:
	Position:	Fax #:
	Annual Income:	Employment Date:

JOINT APPLICATION? YES ___ NO ___ IF, 'NO', PLEASE PROCEED TO #3 (OTHER OCCUPANTS)

2. JOINT APPLICANT

Print Name:			
Home Phone:		Cell Phone:	
Social Security #:		Date of Birth:	
Current Address:		City:	State: Zip:
Previous Address:		City:	How Long? State: Zip:
Email Address		How Long?	

IF CURRENT AND/OR PREVIOUS LANDLORD/MORTGAGEE INFORMATION IS THE SAME FOR JOINT APPLICANT – PLEASE PROCEED TO EMPLOYMENT SECTION.

Current Landlord/Mortgagee Information Own Rent Residential Home Manufactured Home

Print Name:		Phone #:
Address:		Fax #:
Rental Dates:	From: To:	Monthly Amount:

Previous Landlord/Mortgagee Information

Print Name:		Phone #:
Address:		Fax #:
Rental Dates:	From: To:	Monthly Amount:

Occupation of Joint Applicant

Present Employer	Supervisor:	Phone #:
	Position:	Fax #:
	Annual Income:	Employment Date:

Previous Employment if less than 4 years on present job

Previous Employer	Supervisor:	Phone #:
	Position:	Fax #:
	Annual Income:	Employment Date:

3. OTHER OCCUPANTS – List below the names of all other persons (in addition to applicant(s) listed above to occupy premises regularly, occupancy is restricted to individuals listed. A criminal background check will be performed on all occupants.

Full Name	Relationship	Age	Date of Birth	Remarks

4. AUTOMOBILES

How many autos?	Applicant #1 Drivers Lic. #	Verified
	Applicant #2 Drivers Lic. #	Verified

MAKE	MODEL YEAR	COLOR	LIC.PLATE#	STATE

5. OTHER INCOME

SOURCE	AMOUNT	PHONE #	REFERENCE	VERIFIED

6. FINANCIAL REFERENCES

NAME	ADDRESS	ACCOUNT NUMEBR(S)
BANK:		CHECKING ACCT: SAVINGS ACCT:
BANK:		CHECKING ACCT: SAVINGS ACCT:

7. PETS

Do you have any pets that will be living with you? (if permitted) Yes _____ No _____ If yes, how many? _____

TYPE	BREED	WEIGHT	HEIGHT	AGE

8. EMERGENCY INFORMATION

Member of your immediate family _____
Relationship _____ Telephone #: _____
Street address _____
City & State or Province _____ Zip Code _____

PERSONAL REFERENCES

Personal references – Please provide the names of two individuals not related to applicant

Name _____ Telephone number _____

Name _____ Telephone number _____

LEASE OR RENTAL PERIOD TO COMMENCE ON _____ END _____

LESSOR ACKNOWLEDGE RECEIPT OF \$ _____ MONEY ORDER # _____ OR CHECK(S) # _____

AS EARNEST MONEY DEPOSIT ON ACCOUNT FOR THE ABOVE DESCRIBED LOT

APPLICANT UNDERSTANDS THAT THERE IS A NON-REFUNDABLE APPLICATION FEE OF \$50.00 PER PERSON OF BUYER OR \$25.00 PER PERSON FOR RENTAL

APPLICANT UNDERSTANDS THAT THE DEPOSIT OF \$ _____ FOR RENTAL UNIT # _____

IS ONLY REFUNDABLE IF THIS APPLICATION IS REJECTED BY THE MANAGEMENT, OR AT THE TIME OF MOVE OUT IF ALL OF THE TERMS AND CONDITIONS OF THE LEASE AGREEMENT ARE FULLFILLED.

I/We hereby authorize **Screening Reports, Inc.** to do a complete investigation of all information provided above. I/We have personally filled in and/or reviewed all information listed above. A complete investigation may include any or all of the following: Credit Report, Criminal Record Search, Rental History References, Employment Verifications, Vehicle Records, Licensing Records, and Personal Interviews with above references and/or any other necessary information. I/We understand by signing this release, I/We are allowing Screening Reports, Inc. To perform a criminal background search on additional occupants for the address applied for. I/We acknowledge that SRI neither provides reports to apartments/rental units nor does not participate in the approval or denial process. I/We acknowledge that SRI monitors criminal activity and reports it promptly to the community. My/Our signature(s) below authorizes all above listed companies to release rental, job history (including salary) and criminal record information.

I/We hereby expressly release **SCREENING REPORTS, INC.** its affiliates and subsidiaries, and any procurer or furnisher of such information, from any liability whatsoever in the use, procurement, or furnishing of such information, from any liability whatsoever in the use, procurement, or furnishing of such information. I/We understand that my application information may be provided to various local, state and/or federal government agencies, including, without limitation, various law enforcement agencies.

As an applicant, I represent that the above statements are correct and complete. The information may be used in determining whether to lease to me a home/home site in the community. I agree that I have no right to occupy a home/home site in the community until and unless this application is approved, a lease is signed and I have made any necessary initial payments. I understand that any misrepresentation on this application may be cause for lease termination and/or non-acceptance of this application.

_____	_____	_____
Applicant #1 Print Name	Signature	Date
_____	_____	_____
Applicant #2 Print Name	Signature	Date

The above signature(s) are allowing a 'social security trace/criminal only' report is completed on the following occupants:

Name: _____ Social Security #: _____ DOB: _____
Name: _____ Social Security #: _____ DOB: _____
Name: _____ Social Security #: _____ DOB: _____
Name: _____ Social Security #: _____ DOB: _____

CURRENT ADDRESS FOR ABOVE NAMES _____

IF ADDITIONAL OCCUPANT IS 40 YEARS AND OLDER AND IS NOT CONSIDERED AN 'APPLICANT', PLEASE SIGN THE RELEASE ON THE NEXT PAGE.

The undersigned has submitted an Application for Residency at Schalamar Creek Golf & Country Club Community. It is the policy of Schalamar Creek to deny residency to those individuals whose credit history indicates a strong possibility that they would not fulfill the financial obligations of residency/ownership in the community. In addition, the policy also includes the possibility of denial of residency based on criminal history or age.

In accordance with the federal fair housing act of 1988, this park is intended and operated as on "important housing opportunity for older persons". The park is intended to be reserved exclusively for those resident 55 and over, with certain exceptions as allowed by the act. We provide certain facilities and amenities designed to enhance the lifestyle of persons 55 an over. All prospective residents will be screened for admission to the park under the rule and at least one person per lot must be 55 and older as of the date of application for residency. Under the act, Management in its sole discretion may make certain exceptions to the requirement. Minimum age of all residents is 40.

Accordingly, the undersigned acknowledges that a credit history indicative of financial problems, failure to meet the age requirement or criminal history showing conviction of any crime involving moral turpitude or crimes against the person or property of another any be grounds for refusing residency at Schalamar Creek Golf & Country Club Community.

By signature below, the undersigned attests that he/she or any other resident in the home has not been convicted of a felony and agrees that Schalamar Creek Golf & Country Community may obtain a Criminal History Report to use in reviewing this application.

Additionally, by signature below, the undersigned also attests that he/she has received, read and understands and agrees to abide by the Community Rules and Regulations.

Applicant signature: _____ Date: _____

Co-applicant signature: _____ Date: _____

Office use only

This application is: APPROVED

DISAPPROVED due to:

Criminal Background

Other: _____

As of _____ this application shall become a part of the Home Owner's file and the Rental Agreement between the parties hereto. This approval is valid only for the term of the stays as listed above. Future stays may require updated credit information and criminal background checks.

Community Manager's Approval

Date

GUIDELINES FOR ALLOWING PETS IN SCHALAMAR CREEK GOLF & COUNTRY CLUB COMMUNITY, Ltd.

A maximum of two small pets (not exceeding 75 pounds, **(When fully grown)**, are permitted in a mobile home. Pets must be registered with Park office, and all shots must be current. Aggressive or noisy pets will not be permitted. Pets shall not be tied up outside the home and left unattended. Owners must keep their pets on a leash when outside the home, and must pick up all pet litter immediately, including on their own lots. Any animals within the Park not on a leash will be presumed to be stray and will be reported to the proper authorities. No pets are allowed in common recreational areas.

Certain breeds of dogs, {including but not limited to Doberman Pinschers, German Shepherds, Rottweilers, Bulldog breeds (including Pit bulls), wolf breeds, Dalmatians, Presa Canarios, Alaskan Malamutes, Akitas, American Staffordshire Terriers, Great Danes and chows} are not permitted in the Community due to their size and/or aggressive natures. Prior written approval from Community management must be obtained as to any dog which is to reside in the Community, and such written approval must be obtained prior to the time the dog is actually brought into the Community. However, the above stated restrictions do not apply to pets presently in the Community and owned by persons lawfully in residence as of the effective date of these Guidelines. Thus, Residents of the Community as of the effective date of these Guidelines having such pets will be allowed to keep them; nonetheless, pets which would otherwise be in violation of these Guidelines but which are in the Community as of the effective date thereof may not be replaced by another non-conforming pet should the present non-conforming pet die.

Completion of the written application form by the Resident shall be required before approval of any pet will be considered. All information required on the application shall be provided with complete detail as requested. Such items requested shall include but not be limited to the name of the pet, the breed, the adult size of the pet (height and weight), the pet license tag number, the veterinarian for such pet, the length of time that said pet has been with the Resident and any history of the pet as it pertains to barking, attacking, growling or biting. The application shall be signed and dated by the Resident. Any false or incomplete information on the application, including that of the mix or breed of the pet, will be deemed absolute grounds for rejection of the pet and shall constitute a violation of the Guidelines if the pet is not immediately removed.

Residents shall be liable for and shall defend, indemnify and hold Landlord harmless from all personal injury or property damage caused by pets. Residents shall in addition, comply with all provisions of any rules, regulations and ordinances of any governmental authority or agency and the laws of the State of Florida with respect to dogs and all other pets.

Pets belonging to overnight visitors or Residents must be boarded outside of the Community. Guest's Seeing-Eye dogs or licensed Service dogs are permitted.

No outside dog houses, dog runs, cages or other containers of any kind for the retention of pets will be permitted on a home site. No electronic fences will be permitted on a home site. Such fences in the Community as of the effective date of these rules shall be allowed to remain until December 31, 2008, after which date they must be removed from the Community.

Pets are specifically prohibited from the office and from other Community or recreation buildings or facilities.

Feeding of stray or wild animals or birds is prohibited, including but not limited to feeding wild ducks or other wild birds, alligators, raccoons, foxes, opossums or stray dogs and cats. Residents are discouraged from doing anything to attract wild or stray animals or birds into the Community.

Home owner must have proof that their pets have had all required vaccinations and licensing. This documentation shall be copied and presented to the Community within fifteen (15) days of the renewal date of any pet license and/or vaccination and inoculation requirement.

When the pet is moved onto Schalamar property, the Resident shall bring the pet to the Community management for visual assessment.

I/We hereby agree to comply with all the above guidelines, and understand that should I/We not do so, our pet/s will be subject to immediate removal from Schalamar Creek Golf & Country Club

Resident

Resident

Date

Date

PET REGISTRATION

- 1) Name of Pet Owner: _____
- 2) Address of Pet Owner: _____
- 3) Type of Pet(s): Dog _____ Cat _____ Other (Please Specify): _____
- 4) If pet is a Dog, what is the breed? _____
- 5) Pet License Number: _____
- 6) Number of Pets: _____
- 7) Name and Address of Veterinarian: _____
- 8) Name of Pet(s): _____
- 9) How long has the pet been owned by or in residence with Resident: _____
- 10) Is pet currently being kept in the Community? _____ If "yes", when was pet first brought into the community?

- 11) Age of Pet (s): _____ years
- 12) Anticipated Height and Weight of pet at maturity: _____ inches _____ pounds
- 13) Has pet been vaccinated for rabies? _____ date of last vaccination _____
- 14) Is pet neutered? _____
- 15) Does the pet have a history of biting, excessive barking, attacking or biting? _____
If "yes", please explain: _____
- 16) Has physician determined that animal is necessary for medical reasons as verified by physician: Yes / No

The undersigned warrants and represents that all statements herein are true.

Resident

Date