

NO PETS, 55+ COMMUNITY

BUYER'S INFORMATION

MHCA ADDRESS: _____ UNIT # _____

BUYER'S NAMES(S) _____ PHONE # _____

BUYER'S EMAIL ADDRESS: _____

CURRENT ADDRESS: _____

TITLE COMPANY _____ CONTACT _____

TITLE CO. PHONE NUMBER _____ FAX # _____

TITLE CO. EMAIL ADDRESS _____

CLOSING DATE: _____

SELLER'S INFORMATION

SELLER'S NAME: _____ PHONE# _____

SELLER'S ADDRESS _____

ITEMS NEEDED BEFORE MOVE-IN

- COMPLETED NEW RESIDENT APPLICATION FORM – 2 PAGES
- COPY OF CURRENT DRIVER'S LICENSE
- NON-REFUNDABLE APPLICATION FEE OF \$100, Made out to: Mission Hills Condo Assn.
- COMPLETED BACKGROUND CHECK FORM (The Association has the right to refuse anyone who is a convicted Felon or Sex Offender.)
- COPY OF CONTRACT
- INTERVIEW DATE: _____ TIME: _____
- AFFIDAVIT FOR TRANSFER OR CONVENANCE

POST CLOSING

- PRINT WARRANTY DEED
- UPDATE OWNER INFO COMPUTER
- UPDATE TELEPHONE/DIRECTORY/POST APPROVAL FORM

MISSION HILLS CONDOMINIUM ASSOCIATION

NEW RESIDENT APPLICATION

DATE: _____ PURCHASE? _____ RENTAL? _____ (MIN. 3 MOS.)

CONDO ADDRESS: _____ UNIT NO. _____

CURRENT OWNER/LANDLORD: _____

APPLICANT(S) NAME(S) _____

APPLICANT CURRENT ADDRESS: _____, _____, _____, _____

PHONE # _____ DATE OF BIRTH: _____

DRIVER LICENSE COPY: Yes ___ No ___

OTHER IDENTIFICATION/PROOF OF AGE PROVIDED: _____

IF APPLICANT WILL BE A PART-TIME RESIDENT OR ABSENTEE OWNER, PLEASE INDICATE ALTERNATE ADDRESS & PHONE NUMBER (IF DIFFERENT FROM THE PROPERTY ADDRESS):

STREET ADDRESS _____,

CITY _____, ST _____, ZIP _____

PHONE _____

NAMES & AGES OF PEOPLE TO OCCUPY THE UNIT:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

ON-SITE VEHICLE IDENTIFICATION:

Make _____ Model _____ Color _____ Plate _____ State _____

Make _____ Model _____ Color _____ Plate _____ State _____

EMERGENCY CONTACT:

Name: _____ Relationship _____ Phone # _____

Address _____, _____, _____, _____

NAME OF LOCAL PERSON WHO WILL HAVE UNIT KEY (IN CASE OF EMERGENCY)

Name _____ Phone No. _____

KEY IN OFFICE: YES _____ NO _____

REALTOR (IF APPLICABLE): AGENCY _____ PHONE _____

ADDRESS _____, _____, _____, _____

AGENT NAME _____

MISSION HILLS CONDOMINIUM ASSOCIATION

NEW RESIDENT APPLICATION

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PLEASE NOTE THE FOLLOWING RESTRICTIONS WHICH ARE INCLUDED IN THE RULES & REGULATIONS OF THE CONDOMINIUM:

- **Non-refundable application fee of \$100.00. Check made payable to Mission Hills Condominium Assn. And submitted must be submitted with application package.**
- **Interview required before taking occupancy.**
- **Copy of executed lease or sales contract must be provided before or at time of interview.**
- **Occupant must be at least 55 years of age.**
- **No Pets are allowed.**
- **No campers, trailers, commercial trucks or motorcycles are allowed.**

THE BACKGROUND CHECK FEE IS INCLUDED IN APPLICATION FEE.

I (WE) AFFIRM THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT. I (WE) UNDERSTAND THE CONDOMINIUM RESTRICTIONS SET FORTH HEREIN AND AGREE TO ABIDE BY THEM, WITHOUT EXCEPTION!

APPLICANT SIGNATURE _____

APPLICANT SIGNATURE _____

DATE OF SIGNING _____

COMPLETED APPLICATION IS TO BE DELIVERED TO:

MISSION HILLS CONDOMINIUM ASSN.
1401 MISSION HILLS BLVD.
CLEARWATER, FL 33759
PHONE: 727-797-6402
FAX: 727-797-1822
EMAIL: missionhillsfl@gmail.com

YOU WILL BE CONTACTED TO SET UP INTERVIEW DATE & TIME.



First Advantage
APARTMENT MANAGEMENT

Property:

Apt #:

Rent:

Agent:

Move in Date:

Applicant information

Primary

Last Name: First Name: MI: Phone: Home: Business:

Maiden Name:

SSN: Drivers License: Birth Date:

Marital Status: Single Married Separated

Spouse

Last Name: First Name: MI: Phone: Home: Business:

Maiden Name:

SSN: Drivers License: Birth Date:

Marital Status: Single Married Separated

Other Occupants

Last Name: First Name: MI: Age: Birth Date:

Last Name: First Name: MI: Age: Birth Date:

Primary Applicant

Present Employer

Company: Supervisor: Personal Phone:

Address: Start Date: End Date::

Position: Monthly Gross Income\$:

Previous Employer

Company: Supervisor: Personal Phone:

Address: Start Date: End Date:

Position : Monthly Gross Income\$:

Present Address

Address: City: State: Zip:

Apartment or Landlord Name: Phone: .

Residency Dates Start: End: Rent:

Previous Address

Address: City: State: Zip:

Apartment or Landlord Name: Phone:

Residency Dates Start: End: Rent:

Previous Address

Address: City: State: Zip:

Apartment or Landlord Name: Phone:

Residency Dates Start: End: Rent:

Spouse

Present Employer

Company: Supervisor: Personal Phone:

Address: Start Date: End Date:

Position: Monthly Gross Income\$:

Previous Employer

Company: Supervisor: Personal Phone:

Address: Start Date: End Date:

Position : Monthly Gross Income\$:

Present Address

Address: City: State: Zip:

Apartment or Landlord Name: Phone:

Residency Dates Start: End: Rent:

Previous Address

Address: City: State: Zip:

Apartment or Landlord Name Phone

Residency Dates Start: End: Rent:

Will you have a pet in the apartment?

Yes

No

Lease File Information**Nearest Relative**

Last Name: _____ First Name: _____ MI: _____ Home Phone: _____
 Address: _____ Work Phone: _____

Emergency Contact

Last Name: _____ First Name: _____ MI: _____ Home Phone: _____
 Address: _____ Work Phone: _____

Personal Description**Primary Applicant**

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Spouse

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Vehicle Description

Vehicle 1 Make: _____ Model: _____ Year: _____ License #: _____ State: _____
 Vehicle 2 Make: _____ Model: _____ Year: _____ License#: _____ State: _____

Bank**Primary Applicant**

Name of Bank: _____ Phone#: _____
 Checking Account #: _____ Savings Account #: _____

Spouse

Name of Bank: _____ Phone#: _____
 Checking Account #: _____ Savings Account #: _____

Qualifying Questions

1. Have you or your spouse ever been evicted from Rental Housing? If yes, list State
2. Have you or your spouse ever been convicted of a crime? If yes, list state
3. Will there be any other occupants over 21 years of age other than those listed above?

Yes	No	State
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

RELEASE:

I understand that I acquire no rights in an apartment until I sign this agreement and submit a holding fee in the amount of \$ _____. Upon approval of tenancy and the signing of an apartment rental agreement, this fee will be credited against my deposit and/or my first month's rent. In consideration for landlord holding said apartment at _____, I hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damages in the event I do not choose to enter into the agreement applied for herein. In the event said application for tenancy is not accepted, holding fee shall be returned to applicant.

NON-REFUNDABLE APPLICATION FEES

Pursuant to State and Federal Fair Credit Reporting Acts, this is to inform you that an investigation involving the statements made on your rental application at the above-mentioned apartment complex, as well as inquiries regarding public records, your character, general reputation, personal characteristics and mode of living may be initiated. You have the right to dispute the information reported. Upon written request, you are entitled to a complete and accurate disclosure of the investigation's nature and scope as well as a written summary of your rights and remedies under the Fair Credit Reporting Act. Inquiries should be directed to First Advantage at 12770 Coit Rd Dallas TX 75251. We certify that, to the best of my/our knowledge, all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction. I/we authorize First Advantage Resident Screening to obtain all reports and verifications necessary to verify all information put forth in the above application and to furnish all information to the landlord named above.

Keys will be furnished only after contemplated lease and other rental documents have been properly executed by all parties and only after applicable rents and security deposits have been paid. This application does not obligate Property to execute a lease or deliver possession of the proposed premises. I understand if Property is unable to deliver possession of proposed apartment on the agreed date for any reason, including holdover of a prior Resident, then Property shall not be liable as a result. Property is also under no obligation to deliver possession of another apartment. By my signature below, I certify that I have read and understand the terms of this rental application.

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy. **Equal Housing Opportunity**

 Future Resident Signature: _____ Date: _____ Authorized Consultant _____ Date: _____

 Future Resident Signature: _____ Date: _____ Manager Approval _____ Date: _____

Manager's Comments:

MISSION HILLS CONDOMINIUM ASSOCIATION

TELEPHONE DIRECTORY UPDATE
THE POST UPDATE

Please complete this form and return it to the MHCA Office IF you wish to be included in the MHCA Telephone Directory. If you want your birthday or anniversary to appear in *The Post*, please provide the dates below.

PLEASE PRINT!

NAME: _____ HOME PHONE: _____

ADDRESS: _____

Name: _____ Birthdate: _____ Cell Phone: _____

E-Mail _____

Name: _____ Birthdate: _____ Cell Phone: _____

E-Mail _____

ANNIVERSARY: _____

By my signature below, I give permission for the above information to be published in the Mission Hills Community Telephone Directory and/or *The Post* -- the Mission Hills Community newsletter.

SIGNATURE: _____

DATE: _____