NO PETS, 55+ COMMUNITY

RENTER'S INFORMATION

MHCA ADDRESS:	UNIT #
RENTER'S NAMES(S)	PHONE #
RENTER'S EMAIL ADDRESS:	
CURRENT ADDRESS:	
MOVE IN DATE: LEAS	SE DATE:tot
OWNER'S IN	<u>IFORMATION</u>
OWNER'S NAME:	PHONE#
REALTOR'S NAME:	PHONE #
ITEMS NEEDED	BEFORE MOVE-IN
COMPLETED NEW RESIDENT APPLICATION	DN FORM – 2 PAGES
COPY OF CURRENT DRIVER'S LICENSE	
	\$100, Made out to: Mission Hills Condo Assn.
COMPLETED BACKGROUND CHECK FORI	
anyone who is a convicted Felon or Sex	onender.)
# COPY OF LEASE	
☐ UPDATE COMPUTER RENTAL INFO	
# TELEPHONE Directory/Post Approval For	m
INTERVIEW DATE:	TIME:

MISSION HILLS CONDOMINIUM ASSOCIATION

NEW RESIDENT APPLICATION

DATE:	_ PURCHASE	<u> </u>	RENTAL?	(MIN. 3 MOS.)
CONDO ADDRES	S:		UI	NIT NO
CURRENT OWNER	R/LANDLORD: _			
APPLICANT(S) NA	ME(S)			
APPLICANT CURF	RENT ADDRESS	•		,
PHONE #	DATE OF	BIRTH:		
DRIVER LICENSE	COPY: Yes	No		
OTHER IDENTIFIC	CATION/PROOF	OF AGE PRO	OVIDED:	
	NATE ADDRESS RESS): SST	S & PHONE N	NUMBER (IF DIFF	EE OWNER, PLEASE FERENT FROM THE
NAMES & AGES C				
Name	Age _	***************************************	Name	Age Age
1 vario	Agc		INAMIC	Age
ON-SITE VEHICLE	EIDENTIFICATION	ON:		
			Plate	State
Make	Model	Color	Plate	State State
EMERGENCY CON		0 -1 -411 1 -	DI	11
Name:		Relationship _	Pr	none #
Address		, , , , , , , , , , , , , , , , , , , ,	,,	
NAME OF LOCAL				
KEY IN OFF	TICE: YES	NO	0	
				PHONE

MISSION HILLS CONDOMINIUM ASSOCIATION

NEW RESIDENT APPLICATION

- 2 -

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 Association and 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.

r						
Eirst Adur	antago !	Property:				
First Adva	intage	Apt#:		···		
Hope to do	A 574 / 7 11 A	Rent: Agent:				
	1	Move In Date:	_			
			at informa	alon.		
Primary		whhiirai	nt informat	tion		
Last Name:	First Name:		41.	-1		
		IV	AI:	Phone:	Home:	Business:
Malden Nam		_				
SSN: Marital Status:	Drivers License		irth Date:	<u>-</u>		
	Single	Married	Separa	ited		
Spouse						
Last Name:	First Name:	M	11:	Phone:	Home:	Business:
Maiden Nam						
SSN:	Drivers License	_	irth Date:			
Marital Status:	Single	Married	Separa	ated		
Other Occupants						
Last Name:	First Name:	M	t:	Age:		Birth Date:
Last Name:	First Name:	М	1:	Age:		Birth Date:
Primary Applicant						
Present Employer				***************************************		
Company:		Supervisor:		Personal	I Ohooo:	
Address:		•	art Date:	relavilai		
Position:					End Date::	
Previous Employer		7770	onthly Gross I	ncomes:		
Company:		F. mandrag		D		
Address:		Supervisor:	D-4	Personal		
Position :			irt Date:		End Date:	
Present Address		NIO	onthly Gross I	ncome\$:		
Address:			-			
		City	r:	State:		Zip:
Apartment or Landlord Name:		_		Phone:		
	Start:	End	<u>i:</u>	Rent:	~~	
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Address:		City	ŗ:	State:		Zip:
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partment or Landlord Name				Phone		
esidency Dates S	Start:	End:		Rent:		

Yes

□No

Will you have a pet in the apartment?

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 sevent said application for tenancy is not accepted, holding fee shall be returned to applicant. NON-REFUNDABLE APPLICATION FEE\$ 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 eported. 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 mylour knowledge, all statements are true and complete. False, raudulent of misleading information may be grounds for denial of tenancy or subsequent eviction. Uwe authorize First Advantage at 12770 Coit Rd Dallas TX footh and the directed to First Advantage at 12770 Coit Rd Dallas TX desident Screening to obtain all reports and verifications necessary to verify all information to the landlord named above. (eys will be furnished only after contemplated lease and other rental documents have been property executed by all parties and only rifter applicable rents and security deposits have been paid. This application does not obligate Property to execute a lease or deliver nossession of the proposed premises. I understand if Property is unable to deliver possession of proposed apartment on the agreed late for any reason, including holdover of a prior Resident, then Property shall not be liable as a result. Property is also under no ibligation to deliver possession of another apartment. By my signature below, I certify that I have read	Lease File Information							
Address: Work Phone: Emergency Contact Last Name: First Name: MI: Home Phone: Address: Work Phone: Personal Description Vehicle 1 Make: Weight: Hair: Eyes: Spouse Height: Weight: Hair: Eyes: Vehicle Description Vehicle 1 Make: Model: Year: License #: State: Vehicle 2 Make: Model: Year: License #: State: Vehicle 2 Make: Model: Year: License #: State: Personal Description Name of Bank: Phone#: Checking Account #: Savings Account #: Savings Account #: Savings Account #: Savings Account #: Qualifying Questions 1. Have you or your spouse ever been exicted from Renbal Housing? If yes, List State 2. Hive you or your spouse ever been exicted from Renbal Housing? If yes, List State 2. Hive you or your spouse ever been exicted from Renbal Housing? If yes, List State 2. Hive you or your spouse ever been condicted of a crime? If yes, Rist state 3. Will there be any other occupants over 21 years of age other than those listed above? PERLEASE: 1. Independent that I acquire no rights in an apartment until I sign this agreement, this fee will be credited against my deposit and/or my first amount of the signing of an apartment crintal agreement, this fee will be credited against my deposit and/or my first amount of the state of the signing of an apartment crintal agreement, this fee will be credited against my deposit and/or my first amount of the state of the signing of an apartment crintal agreement, this fee will be credited against my deposit and/or my first amount of the state of the signing of an apartment crintal agreement, this fee will be credited against my deposit and/or tenantry and the signing of an apartment crintal agreement. This fee will be credited against my deposit and/or tenantry and the signing of an apartment crintal agreement and submit a product of the signing of an apartment crintal agreement. This fee wil	Nearest Rela	itive						
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Energency Contact Last Name: First Name: MI: Home Phone: Address: Work Phone: Personal Description Primary Applicant Height: Weight: Hair: Eyes: Vehicle Description Vehicle I Make: Weight: Hair: Eyes: Vehicle Description Vehicle I Make: Model: Year: Ucense #: State: Vehicle 2 Make: Model: Year: Ucense #: State: Primary Applicant Name of Bank: Primary Applicant Name of Bank: Phone#: Savings Account #: Savings Account #: Savings Account #: Savings Account #: Spouse Qualifying Questions 1. Have you or your spouse ever been evicted from Rental Hoosing? If yes, List State 2. Have you or your spouse ever been evicted from Rental Hoosing? If yes, List State 3. Will there be any other occupants over 21 years of age other than those listed above? RELEASE: Junderstand that I sequire no rights in an apartment until I sign this agreement, this fee will be credited against my deposit and/or my can appropriate of for namely and the signing of an apartment rental agreement, this fee will be credited against my deposit and/or my can appropriate or to namely and the signing of an apartment rental agreement, this fee will be credited against my deposit and/or my can appropriate or to namely and the signing of an apartment rental agreement, this fee will be credited against my deposit and/or my can appropriate or to namely and the signing of an apartment rental agreement, this fee will be credited against my deposit and/or my can appropriate or to namely and the signing of an apartment credit against my deposit and/or my can appropriate and and fee and and rent and on the devent again and the signing of an apartment credited above? Pursuant to Siste and Federal Fair Credit Reporting Acts, this is to inform you that an investigation into the agreement applied for herein. NON-REFUNDABLE APPLICATION FEES 1 and 1 the state of the state of the state of the proposition and	Address:			1411.				
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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 envicted from Rental Housing? If yes, List State 3. Will there be any other occupants over 21 years of age other than those listed above? 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 landord 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 NON-REFUNDABLE APPLICATION FEE	Spouse	······································						
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flanager's Comments:	uture Residei	nt Signature:	Date	I	Manager Approval	Date		
	Manager's Cor	mments:						

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:	
		Cell Phone:	
E-Mail			
ANNIVERSARY:			
By my signature beloin the Mission Hills (Hills Community new	Community Telephon	for the above informane Directory and/or <i>The</i>	tion to be published Post the Mission
SIGNATURE:			
DATE:			7/11/19/smh