

Application for Purchase of Mobile Home in Sea Horse Mobile Home Park

Attached is your application to purchase a mobile home at the Sea Horse Mobile Home Park Homeowners Association, Inc.

Please complete all questions (Print) and return to the Sea Horse Park Business Office along with a check for \$150.00 for a single applicant or \$150 per married couple made payable to the Sea Horse Park Homeowners Association.

Please provide a clear copy of your Driver License or Passport for identification.

If there are any questions, you may contact the Community Association Manager from 9:00am until 12:00pm. Tuesday through Thursday.

Telephone: 727-347-0625

Email Address: seahorsepark8424@gmail.com

Website: <u>www.seahorsepark.net</u>

Sea Horse Park Homeowners Association, Inc. 8424 Bay Pines Blvd St. Petersburg, FL 33709-4006



Background Inquiry Release

I understand that an investigative background inquiry is to be made on myself, including but not limited to identity and prior address(es) verification, criminal history, credit history, driving history, education verification, licensing verification, prior employment verification, reason(s) for termination of prior employment, work and other references, as well as other information.

I understand that the information and reports developed may include information as to my character, work habits, job performance and experience, along with reasons for termination of past employment. I further understand that for purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate, private and other sources which may maintain records concerning my past activities relating to possible criminal conduct, civil court litigation, my driving history and credit performance, as well as other information.

I authorize, with our reservation, any company, agency, party, or other source contacted to furnish the above information. I also hereby consent to the retrieval of the above information, and I further understand that to aid in the proper identification of my files or records, I am willingly providing the following information, as well as any other information that may be required and/or requested at a later date.

Please Print Clearly

Full Legal Name	
Social Security # or Social Insurance #	Date of Birth
Driver's License # Or Other Legal Identification, i.e., Birth Cer	State of issue tificate, Passport, State ID
Current Address	Dates
Telephone #City, S	tate, Country
Prior Address	Dates
City, State, Country	
Please provide additional prior residence addresse	es for the last 7 years if applicable.
Address	_ Dates
Address	_ Dates
Applicant's Signature	Date



Residency – Minimum Age Requirement

The Rules and Regulations of Sea Horse Park Homeowner's Association, Inc. states that the minimum age for residents in the Park, including renters is 55 years. No person under the age of fifty-five (55) years, except for the spouse of that person, can reside in Sea Horse Park.

A proof of age must be presented to the Office and to be kept on file upon application for purchasing or renting a unit within the Park.

All dwelling units within Sea Horse Park must be occupied by at least one person fifty-five (55) years of age or older. All other occupants of dwelling units in the Park must be forty five (45) years of age or older. Reference Rule #1 of the Seahorse Park "Rules and Regulations".

My signature indicates that I have read and understand the above requirement.

Signature of Applica	nt:	 	
Printed Name:			
Date:			
Signature of Applica	nt:	 	
Printed Name:			
Date:			

Property Transactions Application and Transfer Fees

Any owner considering a property transaction will notify the Sea Horse Park Business Office of the intended transaction before a public notice is made.

An Application Fee of one hundred (\$150.00) dollars must be paid by the buyer of any property within Sea Horse Park. The fee must be paid at time of application. The Application Fee will help defer the cost of the required credit and criminal background check.

A Share Transfer fee of one hundred (\$100.00) dollars must be paid to the Sea Horse Park Homeowners Association whenever there is a change in title property.

All property transactions, sales, leases, or changes in title must be duly authorized and approved by at least two (2) members of the Sea Horse Park Sales Committee. No deviation from this policy will be acceptable.

My signature indicates that I have read and understand the above requirements.

Signature of Applicant: _____

Printed Name:

Date:



Application Form for Mobile Home Purchase

Name (Husband)	
Email	
Age	
Social Security #	Social Insurance #
Telephone	
Former Occupation	
Former Employee	
State	
Name (Spouse)	
Email	
Age	
Social Security #	Social Insurance #
Telephone	
Former Occupation	
Former Employee	
State	





PERSONAL REFERENCES

1	Name	
	Address	
	Telephone	

2	Name	
	Address	
	Telephone	

3	Name	
	Address	
	Telephone	

FINANCIAL REFERENCES

1	Name	
	Address	
	Telephone	

2	Name	
	Address	
	Telephone	

3	Name	
	Address	
	Telephone	



Will you be a	permanent or	seasonal resident?				
Please furnish	n the following	vehicle information:	:			
Number of ve	hicles	Make	License	Plate #		-
Have you eve	r been convict	ed of a felony?				
lf yes, please	explain:					
•	stand that a c Horse Park?	redit and criminal ba	ackground	check will I	be required b	efore approval
Please provid	e next of kin ir	nformation in case o	femergen	cy.		
Next of kin						
Relationship _		Address				
Telephone #:						
may change f	rom time to ti the Park and	application and the l me. It is understood for it's proper opera	I that the F	Rules and F	Regulations a	are adopted for
Signature:				Date		
Signature:				Date		



Receipt of Condominium Documents

The following Sea Horse Park Condominium Documents are distributed to purchaser at time of application and payment of Application Fee.

- Minimum Age Requirement
- Background Inquiry Release Form
- Sea Horse Park "Rules and Regulations"
- Declaration of Condominium
- By-Laws

Your signature below acknowledges that you have received the above documents.

Signature of Applicant:	 	
Printed Name	Date	
Received By	Title	



Please Print Clearly				
Full Legal Name				
Social Security # or Soc	ial Insurance #	Date of	Birth	
Driver's License # Or Other Legal Id	lentification, i.e., Birth	State of i Certificate, Passport, Stat	ssue e ID	
Current Address		Dates		
Telephone #	Ci	ty, State, Country		
Prior Address		Dates		
City, State, Country				
Please provide additiona	al prior residence addı	resses for last 7 years if ap	plicable.	
Address		Dates		
Address		Dates		
Applicant's Signature	Applicant's SignatureDate			
Full Legal Name				
ID		Date of Birth		
Other ID		State of issue		
Telephone		City, State, Country		
Prior Address		Dates		
City, State, Country				
Please provide additior	nal prior residence for	the last 7 years if applicab	le	
Applicates Signature		Date		