

CARIBBEAN COVE HOMEOWNERS ASSOCIATION
APPLICATION BY PROPOSED RESIDENT

EACH PERSON 18 YRS AND OLDER MUST COMPLETE THIS FORM

Date: _____

TO: Board of Directors

I/We intend to (check one) purchase _____ lease _____ Unit NO. _____. If a lease, it is for the period starting _____ and ending _____. In order for you to facilitate consideration of my/our Application for the purchase/lease of the above-designated Lot in the Caribbean Cove Community.

I/We represent that the following information is factual and true.

Initial _____

I/We are aware that any falsification or misrepresentation of the facts in this Application will result automatic rejections of this Application. I/We consent that you may make further inquiry concerning this Application, particularly of the references given below.

Initial _____

I/We will be bound by the Declaration of Covenants, Conditions and Restrictions for Caribbean Cove, and the By-Laws, Articles of Incorporation and the Rules and Regulations of the Caribbean Cove Association. Inc.

Initial _____

If I/We are leasing, I/We will not sublet the Lot. If I/We are purchasing, I/We will, upon closing, provide to the Association within ten days a copy of the Closing Statement and a copy of the recorded Deed.

Initial _____

NAME(S) OF PURCHASER(S)/LESSEE(S) _____

OCCUPATION _____

COMPANY NAME _____ YRS _____

DATE OF BIRTH _____ PHONE _____

EMAIL ADDRESS _____

CURRENT HOME ADDRESS _____ HOW LONG _____

CITY AND STATE _____ ZIP _____

PRIOR HOME ADDRESS _____ HOW LONG _____

CITY AND STATE _____ ZIP _____

NAME(S) OF PURCHASER(S)/LESSEE(S) _____

OCCUPATION _____

COMPANY NAME _____ YRS _____

DATE OF BIRTH _____ PHONE _____

EMAIL ADDRESS _____

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CITY AND STATE _____ ZIP _____

PRIOR HOME ADDRESS _____ HOW LONG _____

CITY AND STATE _____ ZIP _____

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Please list the name and relationship of all persons who will be occupying the Dwelling Unit

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU HAVE A PET _____ DOG (BREED _____) _____ CAT _____ OTHER _____

NUMBER OF CARS FOR THE UNIT _____ (ONLY THE NUMBER OF CARS TO BE IN YOUR GARAGE AND DRIVEWAY WILL BE ALLOWED) GARAGE MUST BE USED TO PARK AT LEAST ONE VEHICLE.

ALL VEHICLES LISTED:	YEAR:	MAKE:	MODEL:
_____	_____	_____	_____
PLATE NO. _____	STATE _____	MAKE: _____	MODEL: _____
PLATE NO. _____	STATE _____	MAKE: _____	MODEL: _____
PLATE NO. _____	STATE _____	MAKE: _____	MODEL: _____

Have you ever been Arrested? _____ Were you ever convicted of any crime? _____
If you served time in jail for a felony offense, have your civil rights been restored? _____

REFERNCES: (PERSONS WHO HAVE KNOWN YOU 5 PLUS YEARS)

1. NAME	ADDRESS	PHONE
_____	_____	_____
2. NAME	ADDRESS	PHONE
_____	_____	_____
3. NAME	ADDRESS	PHONE
_____	_____	_____
4. NAME	ADDRESS	PHONE
_____	_____	_____
5. NAME	ADDRESS	PHONE
_____	_____	_____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME: _____
RELATIONSHIP: _____
ADDRESS _____ ZIP _____ PHONE _____

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I (We) understand that any violation of any of the terms, provisions, conditions and covenants of the Governing Documents of the Association and the Community provides for immediate legal action or termination of a leasehold under appropriate circumstances. I/We hereby authorize the Association to do a background check, to include a criminal background check. The results of the background check shall remain confidential.

DATED This _____ Day Of _____, 20_____

SIGNED: _____

DATED This _____ Day Of _____, 20_____

SIGNED: _____

\$100.00 Application Fee \$50.00 Each Extra Person over the Age Of 18.

IF ANYONE IS FROM OUTSIDE OF THE UNITED STATES, THIS COST WILL BE DIFFERENT.

Return Application and Background check form to:

Attention Gloria Reed Property Manager

6415 1st Ave s

Saint Petersburg FL, 33707

greed@ameritechmail.com

MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THE APPLICATION:

NAME(S): _____

ADDRESS: _____

CITY AND STATE: _____ **ZIP:** _____

PHONE: _____

NAME(S): _____

ADDRESS: _____

CITY AND STATE: _____ **ZIP:** _____

PHONE: _____

(For Office Use Only)

Interview: _____, 20____

Application Fee Received: \$ _____

APPROVED: _____

DISAPPROVED: _____

ASSOCIATION BOARD MEMBER

DATE

2/19/2024