

BRIAR CREEK MOBILE HOME COMMUNITY I, INC.

Application for Purchase / Lease

This form must be completed. If this application is not legible or is not completely and accurately filled out, the Association or their agent will not be liable or responsible for any inaccurate information in the investigation and related report to the Association caused by such omissions or illegibility. By signing below, the Applicant(s) recognize(s) that the Association or their agent may investigate the information supplied by the Applicant(s) and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the Applicant(s)' character, general reputation, personal characteristics, mode of living as applicable, all financial matters of the owner(s) with the Association (including maintenance fees, assessments, late fees, etc.) must be current in order for this application to be processed.

UNIT NO. _____ **STREET ADDRESS** _____ **Date** _____

SELLER / LESSOR: Name _____

Note: Seller must return the clubhouse key, pool tags, Briar Creek phone directory and maintenance coupon book upon sale of the unit.

OWNERS / LESSEE - ALL OCCUPANTS:

Name: _____
First Middle Last Date of Birth Phone

Name: _____
First Middle Last Date of Birth Phone

Name: _____
First Middle Last Date of Birth Phone

Lease Term _____ Months Scheduled Date of Occupancy _____ Proof of Age Submitted _____

If primary Resident is other than recorded owner - list primary residents information above and owners on page 2 reverse side

PURCHASE / SELL: Date of Closing _____ Sales Person _____ Phone _____

Closing Company _____ Phone _____

Will home be used: For Personal Residence: ____ Yes For Rental: ____ Yes Scheduled Date of Occupancy _____

Is this Permanent Residence _____ or Seasonal Residence _____ If Seasonal complete Voter Registration Address below

City _____ St _____ ZIP _____

Voter Registration Address if other than Briar Creek Address

E-mail Address (Please Print clearly) _____

Certification 55+

AT LEAST ONE PRIMARY RESIDENT MUST BE 55 YEARS OF AGE: PROOF OF AGE SUBMITTED ____ YES _____ **Dr. Lic**
Person(s) under 18 are permitted a maximum of 60 days per calendar year

IN MAKING THE FOREGOING APPLICATION, I / WE ARE AWARE THAT THE DECISION OF THE ASSOCIATION WILL BE FINAL, AND NO REASON WILL BE GIVEN FOR ANY ACTION TAKEN BY THE BOARD. I/WE AGREE TO BE GOVERNED BY THE DETERMINATION OF THE BOARD OF DIRECTORS. I/We understand that I / We must attend an orientation conducted by Board members. By my / our execution below, I/we acknowledge receipt of a copy of the Rules and Regulations of The Association; I/we further acknowledge that these Rules and Regulations have been read by me/us; and I/we agree, upon approval of my / our application, to abide by said Rules and Regulations, as these Rules and Regulations may be amended. I/we understand that the Association shall have the right to proceed directly against any person or persons who violates any of the provisions of the Association's documents and/or The Rules and Regulations, I / we agree that a copy of the executed deed or lease (as appropriate) will be furnished to the Association. By my / our execution below, I / we acknowledge receipt of a copy of the Amended and Restated Declaration of Condominium, Amended and Restated Declaration of Condominium, Amended and Restated By-Laws, Amended and Restated Restrictions, and monthly maintenance payment books.

PLEASE BE SURE TO COMPLETE THE REVERSE SIDE OF THIS APPLICATION

Signature Occupant / Purchaser

Signature Occupant / Purchaser

Signature Lessor / Seller

Signature Lessor / Seller

CHARACTER REFERENCES

_____	_____
Name	Phone
_____	_____
Name	Phone
_____	_____
Name	Phone

LAST PLACE OF RESIDENCE

Current Address _____ Own From _____ To _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone
Pet(s): Description: _____		Weight _____

Note: the Park is divided into two sections, the cat section and the pet section. No dogs are allowed in the cat section. The weight limit for dogs is 25 pounds. All pets must be registered with the Board of Directors. There are certain rules and regulations as apply to pets.

[All Service & Emotion Support Animals require completion of an Association form located on the "Forms" tab of our website](#)

Ever Been Arrested Yes _____ No _____

Ever Been Evicted Yes _____ No _____

Driver License Number Applicant 1 _____

Driver License Number Applicant 2 _____

COMMENTS: _____

IMPORTANT NOTE:

An inquiry using the services of Tenant Check may be required. An interview by a member of the Board of Directors is required. [The Tenant Check and interview process can take 30 days, however a Canadian process can take 60 days. A \\$100 non-refundable application fee is required.](#) The Board of Directors cannot issue a letter of approval required at closing until the tenant check, application and interview is completed. Please allow sufficient time to complete the entire process. Tenant check is on Primary Residents.

Owners of record if other than those listed on page 1

Name: _____	_____	_____	_____	_____
First	Middle	Last	Date of Birth	Phone
Name: _____	_____	_____	_____	_____
First	Middle	Last	Date of Birth	Phone

FOR USE BY ASSOCIATION ONLY:

Approved: _____ Disapproved: _____ Director: _____ Date _____

Director: _____ Date _____

Database _____ Secretary _____ Update Sales/Lease Log _____ Welcome _____

Dial Dir. _____ Birthday _____ Media _____ Voter Registration _____