

**EMERALD LAKES CO-OP, INC.
1401 West Highway 50
Clermont, FL 34711**

Application for Residency/Approval

Emerald Lakes Property Address:

Seller:

Buyer(s) Name:

Buyer (s) Address, City, State & Zip:

Emerald Lakes Mobile Home Park is an Over-55 Community. At least one resident in each home must be 55 or older. Second residents can be 40 and over. Emerald Lakes Co-op, Inc. ("Co-op") has the right to approve or disapprove residents based on age, credit and/or criminal background information.

Approval from the Co-op must be obtained, therefore, please complete this form, attach proof of age on all residents and return this form to the address below. A non-refundable application fee of \$50.00 per person for credit & background checks or \$25.00 per person for criminal background checks must accompany this paperwork. If a person falling into our age limits will reside in the home, but not be listed on the title or anyone renting a home within the community from a resident, only a criminal background check will be performed. Proof of age can be a Driver's License, Passport, Birth Certificate, etc. must be submitted with the application.

Emerald Lakes Co-op, Inc.
1401 West Highway 50, Office
Clermont, FL 34711
(352) 394-5111

By my (our) signatures below, I (we) hereby attest that the following people will be the only residents of the Emerald Lakes Property Address listed above; we fully understand that at least one resident must be 55 or older, and that the second occupant must be at least 40 years of age. I (we) further understand and agree that, should occupancy of the Emerald Lakes Property Address change, the Owner(s) must contact the Co-op in order to obtain approval of the new occupant(s)

Also, "I hereby authorize Emerald Lakes Co-op, Inc. to obtain a consumer report and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which this application was made. I hereby expressly release Emerald Lakes Co-op, Inc. and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies."

_____		_____	
Applicant #1 Signature		Applicant #2 Signature	
_____	_____	_____	_____
Applicant #1 Printed Name	Date	Applicant #2 Printed Name	Date

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Application for Residency/Approval (Please print or type all information) Lot # _____

Type of Residency:	Shareholder _____	Homeowner _____	Rental _____
If Shareholder or Homeowner, indicate use:	Permanent Residence _____	Seasonal Residence _____	As Rental Property _____

Number of People to Occupy the Unit: _____
Do You Have Pets? Yes _____ No _____ **How many?** _____ **Type of Pet:** _____

As stated in the Rules and Regulations, Emerald Lakes Co-Op does have a no dogs allowed policy. Up to 2 cats are allowed, if they are kept inside.

APPLICANT #1 NAME	DATE OF BIRTH
First Middle Initial Last	

APPLICANT #2 NAME	DATE OF BIRTH
First Middle Initial Last	

In case of emergency notify:

1. Name:	Address:	Phone:
2. Name:	Address:	Phone:

RESIDENCE HISTORY (At least 5 years):

Present Street Address:

City, State, Zip	Phone:
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Current Landlord's Name (If Applicable) _____ **Address:** _____

Landlord's Phone Number: _____	Dates of Residency: From _____ To _____
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Prior Residency Address: _____

City, State, Zip:	Phone:
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Prior Landlord's Phone Number: _____	Dates of Residency: From _____ To _____
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EMPLOYMENT REFERENCES:		
APPLICANT #1 Currently Employed: Yes _____ No _____		APPLICANT #1 Retired: Yes _____ No _____
Employed By/Retired From:		Length of Employment:
Address, City, State, Zip:		Phone:
APPLICANT #2 Currently Employed: Yes _____ No _____		APPLICANT #2 Retired: Yes _____ No _____
Employed By/Retired From:		Length of Employment:
Address, City, State, Zip:		Phone:
BANK REFERENCES:		
Bank Name:		Phone:
Address, City, State, Zip		How Long:
PERSONAL INFORMATION:		
Vehicle Type:	Color:	License Plate Number & State:
Vehicle Type:	Color:	License Plate Number & State:
PLEASE GIVE 3 REFERENCES WHO CAN BE CONTACTED: (Local References Preferred, No Relatives Please)		
1. Name:	Address:	Phone:
2. Name:	Address:	Phone:
3. Name:	Address:	Phone:

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Lot # _____

**APPLICANT #1
NAME**

SSN

MONTHLY INCOME

DRIVER'S LICENSE NUMBER

STATE ISSUED

**APPLICANT #2
NAME**

SSN

MONTHLY INCOME

DRIVER'S LICENSE NUMBER

STATE ISSUED: