

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

Application for Residency/Purchasing 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. 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 PRIOR to closing. Credit and Background checks are performed on any individual(s) who is/are purchasing a home in Emerald Lakes. Background checks are performed on individuals who will be a second resident in the home (not listed on the title) or on individuals who are renting a home. 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); \$25.00 per person (for background checks); must accompany this paperwork. Also, a photocopy of 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 by signing below, I (we) hereby attest that I (we) have received, read, understand, agree with and will abide by the Emerald Lakes Rules & Regulations.

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 |

EMERALD LAKES CO-OP, INC.
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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: |
|------------------|--------|

Current Landlord's Name (If Applicable) _____ **Address:** _____

| | |
|--------------------------------|-----------------------------------------|
| Landlord's Phone Number: _____ | Dates of Residency: From _____ To _____ |
|--------------------------------|-----------------------------------------|

Prior Residency Address: _____

| | |
|-------------------|--------|
| City, State, Zip: | Phone: |
|-------------------|--------|

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

| 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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Application for Residency/Approval (Please print or type all information)

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: