

# *Carousel Cove Homeowners Association, Inc.*

## Application for Approval to Re-Sale Home

I (we) hereby apply for approval to purchase a single-family home at \_\_\_\_\_  
Street address

\_\_\_\_\_ on \_\_\_\_\_ . A copy of the  
Street address proposed date of closing

sales contract is attached.

In order to facilitate consideration of this application, I (we) represent that the following information is factual and true, and agree that any falsification or misrepresentation of the facts in this application will justify its automatic rejection. I (we) consent to your further inquiry concerning this application, including a full background and credit check, particularly of the person/business references I (we) provide below.

Please type or PRINT legibly the following information:

Full Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name of Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

U.S. Citizen? \_\_\_ Self \_\_\_ Spouse; Applicant SS# \_\_\_\_\_; Spouse SS# \_\_\_\_\_

Nature of Business or Profession: \_\_\_\_\_

If retired, former employer: \_\_\_\_\_

Company or Firm Name: \_\_\_\_\_

Employee ID Number (if applicable): \_\_\_\_\_

Position Held: \_\_\_\_\_

Business Address: \_\_\_\_\_

You are advised that this property is in a **55 or older community** and no one under the age of 18 years of age may permanently reside here. All applicant(s) must attach a copy of purchaser's valid Driver License(s) for age 55 verification. Please note that no more than 6 people may occupy a single family home.

The Association documents of Carousel Cove Homeowners Association, Inc. provide an obligation of the homeowners that all homes are for single-family residence only.

Please state the name, relationship, and age of all other persons who will be occupying the home:

# Carousel Cove Homeowners Association, Inc.

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Name	Relationship	Age

A check for \$100, payable to Carousel Cove Homeowners Association, Inc. plus a check made payable to Starfish Association Management, LLC for \$42 per background check (\$84 if two people) must accompany the application for the purpose of defraying costs of checking references, credit investigation, directory updating and other expenses related to the processing of this application.

The Property Management Company will advise the prospective purchaser within a thirty (30) day period from the date of receipt of this application, whether this application has been approved.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send Application, checks (one made payable to Carousel Cove at \$100 and one made payable to Starfish Management at \$42 if one person, \$84 if two people), the attached Background Screening Form and copies of all drivers' licenses to:

Starfish Association Management, LLC  
Attn: Linda Hardwick  
12995 South Cleveland Avenue, Suite 176  
Fort Myers, FL 33907  
239-275-9509  
Fax: 239-362-0027  
[linda@starfishmgmt.com](mailto:linda@starfishmgmt.com)

Mailing Address for correspondence concerning this application:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

I am aware of, and agree to abide by the Association Documents of Carousel Cove Homeowners Association, Inc., the Articles of Incorporation, By-Laws and any and all properly promulgated rules and regulations in effect within the term of my (our) occupancy. I acknowledge receipt of a copy of the Association rules and understand that there are pet restrictions.

Do you agree to abide by the governing documents and rules of the Association? \_\_\_\_\_ / \_\_\_\_\_  
initials initials

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For Carousel Cove/Starfish Mgmt Use Only

Application Received: \_\_\_\_\_ By: \_\_\_\_\_

Application Results: \_\_\_\_ Approved; \_\_\_\_ Denied Date: \_\_\_\_\_

Notes:

# SAFESCREENER.COM

BACKGROUND SCREENING MADE SIMPLE.

Background Screening Consultants LLC  
650 W Lake St, Suite 310  
Chicago, IL 60661



**Applicant/TENANT Background Check Release.** (PLEASE NOTE: This Is NOT a lease application)

First Name		Middle	Last Name (Include hyphenated names)	
Social Security Number	Date of Birth	Driver's License / State ID #		State of Issuance
Contact Email Address		Contact Phone Number		
<b>Current Address</b>				
Street		City	State	Zip Code
<b>Previous Address</b>				
Street		City	State	Zip Code

Please check this box if you want a free copy of the report requested (CA, MN, OK residents ONLY).

## AUTHORIZATION

I hereby consent and authorize Background Screening Consultants, LLC to secure information pertaining to my character and background for the purpose of a tenant background check. I understand that the information supplied by me can be utilized in determining my eligibility for renting property. This background investigation may include research involving; a criminal record search through county, state, federal jurisdictions as well as proprietary databases and international sources, a social security number verification and residential history trace, driving record history, current employment and salary verification, national security watch lists, public databases and internet archive research, as well as the confirmation of any information supplied by me on this background authorization form or any leasing application form. I understand that these reports may be obtained at any time after receipt of my authorization and throughout my time of residence. I release from liability any and all persons, companies, and corporations that supply information regarding my history as a result of this background investigation. I understand that any information discovered may be done so through onsite public research, electronic databases, and oral interviews. I further release and indemnify Background Screening Consultants LLC against any liability related to this background investigation.

\_\_\_\_\_  
Signature (Please print document and sign)

\_\_\_\_\_  
Today's Date

**Please return this form directly to the potential landlord or management office.**

www.SafeScreener.com  
888.578.8600 Phone  
888.548.0421 Fax