TROPICAL ISLES CO-OP, INC

APPLICATION FOR OCCUPANCY COVER PAGE

READ CAREFULLY

1. Each proposed adult occupant, other than husband/wife (which is considered one applicant) must complete this application for approval and authorization, in detail. Tropical Isles Co-op, Inc. is a manufactured home community for persons 55 years or older**. (At least one person must be 55 years or older, and the second person must be at least 40 years of age.)**

2. If any questions are not answered or left blank on this application, the application will be returned, without being processed for approved.

3. **A copy of the Sales Contract is required for all purchases.**

4. Please attach a non-refundable application fee of $100.00, made payable to Tropical Isles Co-Op, Inc. for each applicant. (Husband & Wife are considered one application.)

5. Please attach a copy of current state Driver's license or other proof of age documentation along with proof of income (social security benefit statement, pension statement, 4 months of current paystubs) for each applicant to this application.

6. The application must be submitted to the Co-op office at least thirty **(30) business days prior to the desired date of closing.** All applicants must be interviewed prior to final Board of Directors approval.

7. All pets must be registered with St. Lucie County and are not allowed to run free when outside. When outside of the home, pets must always be leashed (maximum leash length is 6 feet). The maximum number of approved pets allowed at each home site is two (2). Pets shall not exceed twenty-five (25) pounds each at maturity. **Please attach a photo of pet(s).**

8. Two (2) passenger vehicles are allowed per home. Commercial vehicles, campers, boats, and travel trailer may not be parked within the community overnight, except in the rented storage spaces.

9. "For Sale" signs can be no larger than 12''x18'' and can only be placed on the on the lawn by the lamp post, or in the window of the home. If hurricane shutters are in place, the sign may be placed on the shutters. All signs must be approved by management before placement.

10. There is a required deposit of $2,500.00 due before the moving a home out of the park, and it will be returned after the lot is completely cleared

Tropical Isles Co-op, Inc.
281 Tropical Isles Circle
Fort Pierce, FL 34982

Website: www.tropical-isles.com
Office: 772-468-4968
Fax:772-241-5606

Applicant Screening Criteria:

Tropical Isles Co-Op, Inc. would like to thank you for choosing us as your place to call home. To be approved, your application for residency the following criteria must be met:

- One primary applicant must be 55 years or older, one additional applicant must be 40 years of age or older.
- Credit History and Civil Court records must not contain slow pays, judgements, eviction filings, collections, liens, or bankruptcies within the past 7 years..
- All applicants must have **a credit rating of at least 650**.
- Applicants must have a combined net income of at least **three times the total monthly lot rental and assessment fees.**
- All sources of income must be verified with proof of sources such as paycheck stubs, Social Security Income Letters, pension statements.
- For **Self-employed applicants, submit upon request** 3 years of tax returns and 1099s.
- Criminal records must contain no convictions for felonies within the past 7 years.
- A non-refundable application fee of $100.00 is required for married couples and individuals, each additional applicant must pay $100.00 for their credit and background check.
- Limit 2 occupants per mobile home.
- Resident Review conducted by the Tropical Isles Co-Op Inc. Review Board
- Domestic pets are limited to 2 per household. Maximum pet weight at maturity is 25lbs. All pets must be registered with Park Management, be licensed in Florida, and have current proof of rabies vaccination.

I/We have read and fully understand the above screening criteria and acknowledge that my/ our application is subject to approval based on this.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Tropical Isles Co-Op, Inc.
281 Tropical Isles Circle
Fort Pierce, FL 34982
772-468-4968

DATE: _____

APPLICATION FOR OCCUPANCY **Please Print All Information**

Address of Property: _____ **Lot # :** _____ **Monthly Fee $** _____

Name of Current Owner: _____

Listing Realtor Name / Agency : _____

Selling Realtor Name / Agency: _____

Anticipated Closing Date: _____

New Resident Information

Resident 1 Name: _____ Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Current Address: _____ Number of Years: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Home: ❒ Cell: ❒

Email: _____

Resident 2 Name: _____ Date of Birth: _____

Social Security Number: _____ Relationship to Resident 1: _____

Driver's License Number: _____ State: _____

Current Address: _____ Number of Years: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Home: ❒ Cell: ❒

Email: _____

Resident Type

Shareholder	❒	Lot Rental	❒
Permanent Resident	❒	Seasonal Resident	❒

Employment, Bank References, and Income Status

Resident 1 Name: _____

Currently Employed:	Yes	❒		No	❒		
Retired:	Yes	❒		No	❒		
Current Income Level* :	SS	❒	SSI	❒	Pension	❒	Paystubs ❒

***Submit documentation of current proof of income: SS or SSI yearly benefit statement, pension statement, or 4 months of paystubs.**

Employed at or Retired from:

Employer Name: _____

Address: _____

City, State, Zip: _____

Bank Reference: _____ Phone: _____

Address: _____

City, State, Zip: _____

Resident 1 Name: _____

Currently Employed:	Yes	❒		No	❒		
Retired:	Yes	❒		No	❒		
Current Income Level* :	SS	❒	SSI	❒	Pension	❒	Paystubs ❒

***Submit documentation of current proof of income: SS or SSI yearly benefit statement, pension statement, or 3 months of paystubs.**

Employed at or Retired from:

Employer Name: _____

Address: _____

City, State, Zip: _____

Bank Reference: _____ Phone: _____

Address: _____

City, State, Zip: _____

Residence & Address History

Current Address: _____ Number of Years: _____

City: _____ State: _____ Zip: _____

Rent ❒ Rent Amount: _____ Own: ❒ Mortgage Amount: _____

If less than 5 years, prior residency:

Prior Address: _____ Number of Years: _____

City: _____ State: _____ Zip: _____

Rent ❒ Rent Amount: _____ Own: ❒ Mortgage Amount: _____

Current Landlord / Mortgage Company: Name: _____

Address: _____

City, State, Zip: _____

Emergency Contact Information

Name: _____ Relationship:_____

Phone: _____ Home ❒ Cell ❒ Work Phone: _____

Name: _____ Relationship:_____

Phone: _____ Home ❒ Cell ❒ Work Phone: _____

PETS**

Do you have any pets?	Yes ❒	No ❒
If yes, how many?	One ❒	Two ❒
Type/Breed of Pet:	Cat ❒	Dog ❒

** Maximum weight of pet is 25 pounds at full maturity.

Vehicle Information:

Vehicle 1:

Make _____ Model: _____ Color: _____ Tag #: _____ St: _____

Vehicle 2:

Make _____ Model: _____ Color: _____ Tag #: _____ St: _____

Background:

Have you ever been convicted of any crime? Yes ❒ No ❒

If yes, please state date(s), charge(s) and disposition of case(s):

_____

APPLICATION FOR OCCUPANCY AGREEMENT

1) I hereby agree for myself and on behalf of all persons who may use the home that I seek to occupy:

a) I will abide by all of the restrictions contained in the Bylaws, Rules & Regulations, and restrictions which are or any in the future, be imposed by the Tropical Isles Co-Op, Inc.

b) No guest or visitor may bring a pet into Tropical Isles Co-Op, Inc.

c) I understand that I must be present when any guest, relatives, visitors or children who are not permanent residents occupy the home or use the recreational facilities.

d) I understand that any violation of the terms, provisions, conditions and covenants of the Tropical Isles Co-Op, Inc. documents provides cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances.

2) **I have received a copy of the Rules & Regulations:** ❒ **Yes** ❒ **No**

3) I understand that the Board of Directors may accept or deny this application and that I/we will be advised accordingly. Occupancy prior to Board of Directors approval is prohibited.

4) I understand that the acceptance for Sale/Lease by the Tropical Isles Co-Op, Inc. is predicated in part upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of information on these forms will result in the automatic disqualification of my application. Occupancy prior to Board of Directors approval is prohibited.

5) I understand that the Board of Directors of the Tropical Isles Co-Op, Inc. may institute an investigation of my background, as the Board deems necessary. Accordingly, I specifically authorize the Board of Directors, Management, Agents and Tenant Reports.com, to conduct such an investigation, and agree that the information contained in this application may be used for such an investigation. Additionally, the Board of Directors, Management and Agents of Tropical Isles Co-Op, Inc. shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I understand that the decision of the Tropical Isles Co-Op, Inc., will be final, and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

This application is valid for ninety (90) days from the date of application.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

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TROPICAL ISLES CO-Op, INC.

CERTIFICATE OF RESIDENCY APPROVAL-HOME IS BEING SOLD

Property address: _____

Seller: _____

Buyer(s) Name: _____

Buyer(s)Address: _____

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Tropical Isles Co-Op, Inc. is an Over-55 Community. At least one resident in **each home must be 55 or older. Tropical Isles Co-Op, Inc. ("Co-Op") has the right to approve or disapprove residents based on age. Approval** from the Co-Op must be obtained **PRIOR** to closing.

In order to obtain approval, please complete this form, **attach proof of age (on all residents applying for residency, and return this form to Tropical Isles Co-Op, Inc., 281Tropical Isles Circle, Ft. Pierce, FL 34982.**

The applicant(s) by signature below, attest that the following people will be the only residents of the above- captioned property address. We fully understand that at least one resident must be 55 years or older, and that the second occupant must be at least 40 years of age. I **(we), further understand and agree** if **the occupancy of the above-captioned property address changes, the Owner(s) must contact Tropical Isles Co-Op, Inc.** in **order to obtain approval of the new occupants.**

Buyer's Signature: _____ Date: _____

Buyer's Signature: _____ Date: _____

In accordance with this completed affidavit and acceptance/approval by the Tropical Isles Co-Op, Inc., Board of Directors, the applicant/applicants hereby has/have been:

Approved: ❒ **Not Approved:** ❒

Signature: _____ _____

(Resident Review Board Member) Date

Signature: _____ _____

(Resident Review Board Member) Date

Signature: _____ _____

(Resident Review Board Member) Date