#### PORT MALABAR HOLIDAY PARK MOBILE HOME PARK RECREATION DISTRICT

A community intended and operated for persons 55 and older

215 Holiday Park Blvd. NE Palm Bay, Florida 32907 Phone: 321-724-2240

Fax: 321-724-224

E-mail: holidaypark@holidayparkfl.com



### APPLICATION FOR RENTAL or NON-OWNER

A \$50.00 Per Applicant-Non-Refundable Application Fee is due when form is submitted to the office

Long Term rental effective da	te:		
Initial Season 20/ 20	Re-Certification	n Season 20/ 20	
Re-Certification Season 20_	/ 20 Re-Certification	n Season 20/ 20	
Property Address:			
THE UNDERSIGNED HEREBY MAKES APPL PORT MALABAR HOLIDAY PARK MOBILE H HOLIDAY PARK			_
1. Name(s) of Applicant(s): (Please print c	learly)		
101			
1st LAST NAME	FIRST NAME	MIDDLE INITIAL	DOB
2ndLAST NAME			
LAST NAME	FIRST NAME	MIDDLE INITIAL	DOB
PLEASE NOTE: Each Applicant shall attach including name, birth date, and (if practicabl driver's license, passport, Birth Certificate o body subject to the Florida Public Records L extent not exempt from disclosure under Ch	e) a portrait photograph. Accept other Government Issued ide aw and therefore its records a	ptable forms of identificati ntification. Holiday Park is re open for public inspect	on include s a public
APPLICANT'S PERSONAL HISTORY:			
2. Current Home Address:(Street)		City) (State)	(Zip Code)
3. [ ] Current Home Telephone Number:	•	,	(  ,
4. [ ] Cell Phone Number: ()		-	
5. Email address:		_	
Applicant's InitialsInitials			

# **CREDIT REPORT AUTHORIZATION FORM**

By my signature below I, Applicant 1,,
By my signature below I, Applicant 2,,
AUTHORIZE Port Malabar Holiday Park of 215 Holiday Park Blvd NE, Palm Bay, Florida, 32907 to obtain a Background Check and / or Consumer Credit Report on me.
This authorization is valid for purposes of verifying information given pursuant to
employment, leasing, rental, business negotiations, or any other lawful purpose covered
under the Fair Credit Reporting Act (FCRA).
The Background Check may contain information available in the Public Domain but may
not include interviews with persons other than previous employers or their agents.
By my signature below, I hereby authorize all corporations, former employers, credit
agencies, educational institutions, law enforcement agencies, city, state, county and
federal courts and agencies, military services and persons to release all information they
may have about me including criminal and driving history. This authorization shall be
valid in original or copy form.
Applicant #1 Name :
Social Security Number: Date of Birth:
Current Street Address: City: State:
Signature Applicant #1: Date:
Applicant #2 Name :
Social Security Number: Date of Birth:
Current Street Address: <u>City</u> : <u>State</u> :
Signature Applicant #2: Date:

	There are rules and regulations regarding the kest per the "Deed Restrictions" in the "Information		article III, Restrictions on Use of
	Does Proposed Occupant Own a Pet? Yes	No	
	If Yes, What Breed?	Height	Weight
	License number:	_ (Please provide a copy o	f license with your application)
sub	TE: If at any time your pet exceeds the twenty pject to removal from Holiday Park. Registere und restriction.		
DE	TAILS OF PROPERTY OWNER:		
6.	Name of Owner:		
7.	Signature of Owner:		
Tou by t aut rem	rners who are renting their property must not ant will be staying in Holiday Park.  Irist Development Tax: Rentals for six (6) months the Brevard County Tax Collector pursuant to Brechorized by Florida Statute 125.0104. This 5% tax is nitted to the Florida Department of Revenue.  FORMATION CONCERNING INTENDED OCCU  (Including owner(s) will anyone other than the p	or less are subject to a 5% evard County Code, Chapters in addition to the 7% State	Resort tax. This tax is collected 102, "Taxation", Article III, as e of Florida Sales and Use Tax
	Please check Yes or No : (Yes	(No)	
	If Yes, Provide Name, Age(s) and Relationship	to you:	
	Name	Age	Relationship
	Anticipated Length of Stay: ( ) 3 months ( )	) 6 months ( ) 9 months	( ) Full time ( ) Other
	Name	Age	Relationship
	Anticipated Length of Stay: ( ) 3 months ( )	6 months ( ) 9 months	( ) Full time ( ) Other
and wit pro be and	TE: Occupancy is limited to THREE (3) PERS of the other of whom must be 40 years of age of hin the meaning of the Fair Housing Amendmoposed occupant who does not meet the foregoeparately approved by the Board of Trustee of 6.	of older. Holiday Park is ' nents Act of 1988, U.S.C. going criteria must be a k	"housing for older persons" Sections 3601, et seq. A bona fide caregiver, who must

#### APPLICANT'S INFORMATION IN CASE OF EMERGENCY:

10. Contact Person in Case of Emergency: (Other than co-applicant)			
	Name:	Name:	
	Relationship:		
	Address:	Address:	
	Telephone:	_ Telephone:	
ΑD	DITIONAL INFORMATION:		
11.	Type(s) and Number of Motor Vehicles to be parked	on Premises:	
on	TE: Commercial Vehicles, Recreational Vehicles, Ethe Premises.  Does Proposed Occupant Own (?):  Recreational Vehicle: If Yes, Type		
	Yes No	and dizc	
	Boat: If Yes, Size:		
	Cargo/Utility Trailer:		
ver lim	TE: There are rules and regulations regarding the nicles). Arrangements for off-premises storage may ited to one (1) space on a first come first serve bas mpound Rules.	y be required. Space in the vehicle compound is	
ΑP	PLICANT'S ACKNOWLEDGEMENT OF THE DISTRI	CT RESTRICTIONS	
Molof p Of p Bro	ore Applicant completes and signs this Application, Applie Home Park Recreation District is a "Deed Restrictoroperty in Holiday Park. Accordingly, Applicant is here ker (if any) or that Applicant may receive from the Holicket" containing all current District rules, regulations ar	ed Community" pertaining to ownership and the use by advised to obtain from the Seller or Real Estate iday Park District Office, a copy of the "Newcomer	
	E UNDERSIGNED HEREBY ACKNOWLEDGES REC AD AND UNDERSTANDS THE CONTENTS OF THE		
Sig	nature of 1 <sup>st</sup> Applicant:	Date:	
Sig	nature of 2 <sup>nd</sup> Applicant:	Date:	
Αp	olicant's InitialsInitials		

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Phone: 321-724-2240 Fax: 321-724-8166

E-mail: holidaypark@holidayparkfl.com



#### **Under 55 Disclosure**

I / We understand Port Malabar Holiday Park Mobile Home Park Recreation District is a community intended and operated as "housing for older persons" within the meaning of the Fair Housing Amendment Act of 1988, U.S.C. Sections 3601, et seq.

I / We understand occupancy of a dwelling unit on a lot shall not be permitted unless at least one person in such dwelling unit shall be fifty-five (55) years of age or older; provided however, all other occupants (excluding "under age guests" as defined below) of the dwelling unit must be at least forty (40) years of age.

An "under age guest" of a lot owner or an authorized lot renter shall, without restriction due to age or familial status, be permitted to stay, with a resident, for a maximum of twenty-one (21) days or less per visit, two (2) times a year with a minimum of thirty (30) days between each visit within any twelve (12) month period.

Reference: "Deed Restrictions", Article III, Sections 1,2,3,4,5 and 6.

By signing below, I agree to a	all of the conditions stated abo	ve:	
Signature of 1st Applicant:			Date:
Signature of 2 <sup>nd</sup> Applicant:		[	Date:
Applicant's Initials	Initials		

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### AGE VERIFICATION STATEMENT

As provided by Federal Law, Port Malabar Holiday Park Mobile Home Park Recreation District is a community intended to provide housing for older persons in accordance with the Housing for Older Persons Act. Part of that Act requires housing providers to verify the ages of residents who live in the community.

Name of 1 <sup>st</sup> Applicant:			
Name of 2 <sup>nd</sup> Applicant:			
Check the method of Age Verification Provided:			
1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant		
Date of Birth	Date of Birth		-
Driver's License	Drive	er's License	
Passport	Pass	sport	
State Identification	State	e Identification	
Birth Certificate	Birth	n Certificate	
Signature of 1 <sup>st</sup> Applicant:		Date:	
Signature of 2 <sup>nd</sup> Applicant:		Date:	
Applicant's Initials Initials			

#### ACKNOWLEDGEMENT OF DEED RESTRICTIONS & OVER 55 COMMUNITY

Applicant(s) is /are advised that certain restrictions, conditions, covenants and other provisions pertain to the ownership and use of property in the District. Accordingly, Applicant(s) must acknowledge receipt of District's Deed Restrictions, Rules and Regulations, Policies and By-Laws. These documents are made available for viewing at the District Office and <a href="http://www.holidayparkfl.com/">http://www.holidayparkfl.com/</a> at no charge and are included in the "Newcomer Packet".

As property owner, the undersigned hereby acknowledges that I/We shall be held responsible for compliance with all the restrictions, conditions, covenants and other provisions contained in them, including, but not limited to 1) restrictions concerning the use of such property, 2) restrictions concerning the ages of occupants, and 3) restrictions include the undersigned's family, guests and other licensees.

Application approval is conditioned upon the undersigned's agreement to abide by and comply with the above described restrictions, conditions, covenants and other provisions contained in the District documents as presently constituted and as the same may be hereafter amended from time to time.

Under penalty of perjury, the undersigned declares and affirms that the undersigned has examined the application and to the best of the undersigned's knowledge and belief, it is true and correct.

#### I have received, read and understand the above documents pertaining to the District

Signature of Applicant:	Date:
Signature of Co-Applicant:	Date:
Witness's Signature:	
STATE OF	
COUNTY OF	
The foregoing Certificate was acknowledged before me this	day of, 20
Ву	, who
(Notary choose one) ( ) is/are personally known to me, or ( )	has produced
dentification.	
	Signature of Notary Public
	Printed name of Notary Public, affix seal and state Notary's commission number and expiration date

District Overview: Port Malabar Mobile Home Park Recreation District is a community intended and operated for persons over 55 years of age under the Federal Fair Housing act of 1988. It functions as a Special Taxing District according to Florida Statute 418. It is a subdivision of privately owned lots and homes, which are Deed Restricted. Regulations include, but are not limited to, size and number of pets, duration of stay of visitors and Architectural Controls. A non-ad valorem assessment is levied which is paid annually in addition to real estate taxes. The District is administered by a Board of Trustees, elected from Precinct 101, which is Holiday Park. The assessment covers employee wages, roads & drainage, ponds management, mowing operations, facilities and pool maintenance. Residents are provided basic cable, gate access 24 /7 and the choice to join HPPOA, the community's social and activities non-profit association. The elected officials of the District conduct business at Public Meeting and in accordance with government in the Sunshine. From time to time, they may elect to impose fees. When, in the course of conducting District business, the office finds itself performing duties rising from private or contractual changes in ownership, occupancy, rentals, leases or vacancies, a \$50.00 fee is payable to Port Malabar Holiday Park Mobile Home Park Recreation District is required.

# **FOR USE BY THE DISTRICT OFFICE**

	REVIEWED APPLICATIO	N FOR ACCURACY A	AND COMPLETENESS	
Initials				
Date				
	_	Desaised Otama		
		Received Stamp		
		New Owner has been notified	No Violations	
			Violations	
Violation Status Rev	viewed by District Manager	[ ]	[ ]	
COMMENTS:				
Reviewed by District	t Manager			

### **FOR USE BY THE BOARD OF TRUSTEES**

COMMENTS:			
REVIEWING TRUSTEE:		BOAR	D ACTION:
		Approved	Disapproved
		[]	[ ]
Signature	Date	[ ]	
Print Name			
Note: The review by the Trustees must I	be performed within 24 hours of rec	eipt of the application	n. Please

return the Board Action page to the office. Disapprovals require an explanation in the comments section

Filename Renter-Non-owner Application Created on 5/22/17 Updated 02/20/2019

above.

## **FOR USE BY THE BOARD OF TRUSTEES**

COMMENTS:			
REVIEWING TRUSTEE:		BOAR	D ACTION:
		Approved	Disapproved
		[ ]	[]
Signature	Date	[ ]	
Print Name			
Note: The review by the Trustees must be	oo parformed within 24 hours of rac	coint of the application	n Placea

Note: The review by the Trustees must be performed within 24 hours of receipt of the application. Please return the Board Action page to the office. Disapprovals require an explanation in the comments section above.