

# 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: 321-724-8166

E-mail: holidaypark@holidayparkfl.com



## APPLICATION FOR PURCHASE / REGISTRATION

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

Holiday Park Property Address: \_\_\_\_\_

(Note: A current Final Engineering Survey must be submitted with the application)

Current Owner \_\_\_\_\_

**THE UNDERSIGNED HEREBY MAKES APPLICATION TO THE BOARD OF TRUSTEES TO PURCHASE A LOT / HOME IN PORT MALABAR HOLIDAY PARK MOBILE HOME PARK RECREATION DISTRICT – HEREINAFTER KNOWN AS HOLIDAY PARK**

1. Name(s) of Applicant(s): (Please print clearly)

\_\_\_\_\_

Last	First	M.I.	D.O.B.
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\_\_\_\_\_

Last	First	M.I.	D.O.B.
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**PLEASE NOTE: Each Applicant shall attach to this application a photocopy of a bona fide personal identification including name, birth date, and (if practicable) a portrait photograph. Acceptable forms of identification include driver's license, passport, Birth Certificate or other Government Issued identification. Holiday Park is a public body subject to the Florida Public Records Law and therefore its records are open for public inspection to the extent not exempt from disclosure under Chapter 119 of the Florida Statutes.**

### APPLICANT'S PERSONAL HISTORY:

2. Current Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

3. [ ] Current Home Telephone Number: (\_\_\_\_) \_\_\_\_\_

4. [ ] Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

5. E-mail address: \_\_\_\_\_

Would you like this telephone number above to be listed in the HPPOA telephone directory?

Please circle YES or NO

Applicant's Initials \_\_\_\_\_ Initials \_\_\_\_\_

# 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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Signature Applicant #2**: \_\_\_\_\_ Date: \_\_\_\_\_

6. There are rules and regulations regarding the keeping of pets as listed in Article III, Restrictions on Use of Lots per the "Deed Restrictions" in the "Information Packet".

Does Proposed Occupant Own a Pet? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, What Breed? \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

License number: \_\_\_\_\_ (Please provide a copy of license with your application)

**NOTE: If at any time your pet exceeds the twenty five (25) pounds mature weight, he / she may be subject to removal from Holiday Park. Registered service dogs are exempt from the twenty five (25) pound restriction.**

**DETAILS OF PURCHASE PROPERTY:**

7. Manner of Holding Title for Buyer:

- Alone
- Husband and Wife
- As joint tenants with right of survivorship
- As tenants in Common (without rights of survivorship)
- As Trustee under Trustee Agreement
- Other (Specify): \_\_\_\_\_

8. Anticipated Closing Date: \_\_\_\_\_ Occupancy Date: \_\_\_\_\_

**INFORMATION CONCERNING INTENDED OCCUPANCY**

9. Will anyone other than the person(s) on this application be occupying the dwelling unit?

Please check Yes or No : \_\_\_\_\_ **(Yes)** \_\_\_\_\_ **(No)**

If Yes, Provide Name, Age (requires I.D.) and Relationship to Owner:

Name	Age	Relationship
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Anticipated Length of Stay:  3 months  6 months  9 months  Full time  Other \_\_\_\_\_

Name	Age	Relationship
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Anticipated Length of Stay:  3 months  6 months  9 months  Full time  Other \_\_\_\_\_

**NOTE: Occupancy is limited to THREE (3) PERSONS, one of whom must be 55 years of age or older and the other of whom must be 40 years of age or older. Holiday Park is "housing for older persons" within the meaning of the Fair Housing Amendments Act of 1988, U.S.C. Sections 3601, et seq. A proposed occupant who does not meet the foregoing criteria must be a bona fide caregiver, who must be separately approved by the Board of Trustees. See "Deed Restrictions", Article III, Sections 1,2,3,4,5 and 6.**

**Applicant's Initials** \_\_\_\_\_ **Initials** \_\_\_\_\_

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

10. Contact Person in Case of Emergency: (Other than co-applicant)

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

11. Year, Make and Model of Automobiles to be parked on premises: \_\_\_\_\_

**NOTE: Commercial Vehicles, Recreational Vehicles, Boats, Trailers, Canoes, etc. CANNOT be parked on the premises.**

12. Does Proposed Occupant Own (?): Recreational Vehicle: \_\_\_\_\_ Boat: \_\_\_\_\_ Cargo/Utility Trailer: \_\_\_\_\_

If Yes, Type & Size: \_\_\_\_\_

**NOTE: There are rules and regulations regarding the keeping of vehicles (other than passenger vehicles). Arrangements for off-premises storage may be required. Space in the vehicle compound is limited to one (1) space on a first come first serve basis. See Rules and Regulations – Storage Compound Rules.**

**APPLICANT'S ACKNOWLEDGEMENT OF THE DISTRICT RESTRICTIONS**

Before Applicant completes and signs this Application, Applicant is advised that Port Malabar Holiday Park Mobile Home Park Recreation District is a "Deed Restricted Community" pertaining to ownership and the use of property in Holiday Park. Accordingly, Applicant is hereby advised to obtain from the Seller or Real Estate Broker (if any) or that Applicant may receive from the Holiday Park District Office, a copy of the "Newcomer Packet" containing all current District rules, regulations and restrictions.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF THE "NEWCOMER PACKET" AND HAS READ AND UNDERSTANDS THE CONTENTS OF THE DOCUMENTS IN THEIR ENTIRETY:**

Signature of 1<sup>st</sup> Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of 2<sup>nd</sup> Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant's Initials** \_\_\_\_\_ **Initials** \_\_\_\_\_

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## 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 all of the conditions stated above:

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 <http://www.holidayparkfl.com/> 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 #1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant # 2: \_\_\_\_\_ Date: \_\_\_\_\_

Witness’s Signature: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing Certificate was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_, who

(Notary choose one) ( ) is/are personally known to me, or ( ) has produced \_\_\_\_\_

Identification.

\_\_\_\_\_  
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 APPLICATION FOR ACCURACY AND COMPLETENESS  
Initials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received Stamp

	New Owner has been notified	No Violations
Violation Status Reviewed by District Manager	[ ]	[ ]

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by District Manager \_\_\_\_\_

Initials and date

**FOR USE BY THE BOARD OF TRUSTEES**

**COMMENTS:**

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**REVIEWING TRUSTEE:**

**BOARD ACTION:**

Approved    Disapproved

[ ]            [ ]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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.



**FOR USE BY THE BOARD OF TRUSTEES**

**COMMENTS:**

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**REVIEWING TRUSTEE:**

**BOARD ACTION:**

		Approved	Disapproved
		[ ]	[ ]
Signature	Date		
Print Name			

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**FOR USE BY THE BOARD OF TRUSTEES**

**COMMENTS:**

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**REVIEWING TRUSTEE:**

**BOARD ACTION:**

<hr/>		Approved	Disapproved
Signature	<hr/>	[ ]	[ ]
	Date		
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Print Name			

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