

**Gardens of Gulf Cove Property Owners Association, Inc.**

~ A Deed Restricted Community ~

**PROPERTY OWNER APPLICATION**

(rev 01/23/2015, #6464)

**PLEASE NOTE: Each adult occupying the property must complete a separate application in its entirety.**

**Incomplete applications will be denied.**

**Garden's Property Address:** \_\_\_\_\_ **Closing Date:** \_\_\_\_\_

**PERSONAL HISTORY**

(please print clearly)

**Applicants Full Name:** \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\*Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ (**\*attach legible copy of valid driver's license**)

**Present Address:** \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ OWN/RENT

Dates (from – to): \_\_\_\_\_ Manager/Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Prior Address:** \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ OWN/RENT

Dates (from – to): \_\_\_\_\_ Manager/Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Additional Occupant(s):** # \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**EMPLOYMENT HISTORY**

**Present Employer:** \_\_\_\_\_ How long: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ Gross Monthly Pay: \_\_\_\_\_ Phone: \_\_\_\_\_

**Prior Employer:** \_\_\_\_\_ How long: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ Gross Monthly Pay: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**REFERENCES**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Have you ever filed bankruptcy? \_\_\_\_\_ If so, when: \_\_\_\_\_

Have you ever been involved in a foreclosure? \_\_\_\_\_ If so, when: \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

I understand that an investigative background inquiry is to be done, including but not limited to identity and prior address(es) verification, criminal history, credit history, employment verification, reason(s) for termination, work and other references. I understand that for the purpose of this inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate and private sources which may maintain records concerning my past activities relating to possible criminal conduct, civil court litigation, driving history and credit performance as well as other information. I authorize without reservation, any company, agency, party or other source contacted to furnish the above information. I CERTIFY the answers given herein are true and complete. I authorize investigation of all statements contained in the application for screening as may be necessary in arriving at a decision and I understand this application may be denied for any misrepresentations made. I also understand the application fee is non-refundable.

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Date*

**6464 Coniston Street, Port Charlotte FL 33981 ~ office: 941-697-4443 ~ fax: 941-698-9274**

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