Gardens of Gulf Cove Property Owners Association, Inc.

~ A Deed Restricted Community ~

PROPERTY OWNER APPLICATION

PLEASE NOTE: Each adult on the deed and/or occupying the property must complete a separate application in its entirety. Incomplete applications will be denied.

Garden's Property Address:

PERSONAL HISTORY

Applicants Full Name:			Maiden Name:	
Phone #:		Email Address:		
Date of Birth:		Social Security #:		
Driver's License #:			(<u>attach legible cop</u>	oy of valid driver's license)
Present Address:				OWN/RENT
Dates (from – to):	Manager/Landlord:			Phone:
Reason for leaving:				
Prior Address:				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:Name:	_ Date of Birth:	Name:		Date of Birth:
	EMPL	OYMENT HISTORY	<u> </u>	
Present Employer:		How long:	Address:	
	Gross Monthly Pay:		Phone:	
Prior Employer:	How long:		Address:	
Position:	Gross Monthly Pay:		Phone:	
Reason for leaving:				
		<u>REFERENCES</u>		
Name:	Phone:	Relatior	nship:	Years Known:
Name:	Phone:	Relation	nship:	Years Known:
Name:	Phone:	Relation	nship:	Years Known:
Have you ever been evicted?	If sc	, please explain:		
Have you ever filed bankruptcy?	If so	, when:		
Have you ever been involved in a fe	preclosure? If so	, when:		
Have you ever been arrested?	If so	, please explain:		

I CERTIFY the answers given herein are true and complete. I authorize investigation of all statements contained in the application for owner screening as may be necessary in arriving at a decision and I understand the application may be denied for any misrepresentations made above.

Applicant's signature

Date

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