

PALM BAY ESTATES R.O. ASSN, INC.
3092 Indian River Drive NE
Palm Bay, FL 32905
321-723-3353
Fax: 321-723-8875

SHAREHOLDER APPLICATION FOR NON-U.S. CITIZENS
In Palm Bay Estates Resident-Owned Park

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH YOUR APPLICATION:

1. Completed **UNITED SCREENING AUTHORIZATION TO RELEASE INFORMATION FORM**
2. Completed **SHAREHOLDER APPLICATION**
3. **COLOR COPY OF DRIVER'S LICENSE OR IDENTIFICATION CARD**
4. **PROOF OF PURCHASE** (Signed Sales Contract)
5. **VETERINARIAN'S STATEMENT** if applicable. (One pet per household, no pets over 40lbs.)
6. **VERIFICATION OF INCOME** – from current employer or retirement income. Acceptable types of proof of income: paystubs, annual Social Security statement, bank statement, etc.
7. **CREDIT AND BACKGROUND REPORT FEE:** \$85.00 for Canadian Citizen / \$135.00 for International (This fee is per person.) Checks made payable to Palm Bay Estates.

Upon completion of this application, please mail or bring to the Association Office at the above address and we will schedule an interview with our Board of Directors.

NOTE: If you neglect to include payment for the background report, we will be unable to process your application.

**PLEASE NOTE BELOW THE BEST DAYS AND TIMES FOR YOU TO ATTEND
THIS 30 MINUTE INTERVIEW:**

Can you meet on a Tuesday? _____ Best Time: _____

If you cannot meet on Tuesdays when is the best day of the week to meet with you:

Best time of the day you can meet at the Association Office:

Best time of the day you can meet at the Association Office:

For Office USE: Date Received: _____ by _____.

Interview Scheduled for: _____ at _____.



NON-US RESIDENT SCREENING AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, _____ herein referred to as *Association* and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, credit history through a consumer credit report, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the *Association* may contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the *Association* to furnish the above mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the *Association* at any time during my occupancy with the *Association*.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the *Association* based on information contained in the report.

Upon proper identification and payment permissible by law, you have the right to request from the *Association* a copy of any information in its file on you at the time of your request.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

Applicant Information

Print Name: _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Driver License Number: _____ Driver's License State _____

IMPORTANT: The following information will be used by United Screening Services Corporation for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Maiden, Other and/or Former Name(s) _____

Race/National Origin: _____ Gender: Male Female Date of Birth: _____

Signature: _____ Date: _____

PALM BAY ESTATES R.O. ASSN, INC.

SHAREHOLDER APPLICATION

Please return the completed profile to office or fax to 321-723-8875

**We do supply other residents with directory of neighbors,
so if you wish to be unlisted, please make note of that.**

LOT #: _____ NEW SHAREHOLDER'S NAME(S): _____

Address of New Home: _____

Estimated Move-In Date: _____ Desired Move-In Date: _____

NAMES of SPOUSE or OTHER RELATIVES OR GUESTS WHO MIGHT VISIT YOU (if not approved through application process, guest can only stay for 30 days and cannot stay without you) for 30 days or less per calendar year:

_____ Age: _____ Relation: _____

_____ Age: _____ Relation: _____

_____ Age: _____ Relation: _____

Other Telephone Numbers: _____ Home/Cell/Other: _____

E-Mail Address: _____ Check if "None"

Emergency Contact: _____ Phone #: _____

Relationship: _____ State: _____

PET: (Only one is allowed, weighing less than 40 pounds at maturity. Leash laws and clean-up are enforced.)

Type/Color: _____ Weight: _____ Name: _____

Vehicle Registration: (Include a valid registration for any motorcycle, boat or trailer you wish to store at PBE):

Year: _____ Make: _____ Model: _____ Color: _____ Tag#: _____ State: _____

MOBILE HOME INFO:

Make/Model: _____ Year: _____ Size: _____ Serial #: _____

Financed By: _____ Phone # _____

Who will be responsible for upkeep of this home and yard when you are away? _____

I/We declare that the foregoing information is true and correct, and I/we understand that all information obtained will be maintained in strict confidence.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____