

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 U.S. CITIZENS
In Palm Bay Estates Resident-Owned Park

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH YOUR APPLICATION:

1. Completed **ACCUDATA SCREENING AUTHORIZATION 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:** \$75.00 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 _____.

Reconcilable Differences Management Company
109 Long Point Road Cape Canaveral, FL 32920
Phone: 321-799-0660 Fax: 321-799-0630
RecDif@earthlink.net www.ReconcilableDifferences.net



PALM BAY ESTATES – US CITIZEN
SHAREHOLDER SCREENING AUTHORIZATION FORM

Each applicant MUST fill out a separate release

(Please Print)

FULL Name: _____ Sex: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: ___/___/___

Driver's License # _____ State Issued: _____

Phone # _____ Cell or Home (circle one)

Employer Company: _____ Phone: _____ Years with Company: _____

Job Title: _____ Supervisor Name: _____

Have you ever been evicted from a tenancy or left owing money? YES _____ NO _____

Have you ever willfully or intentionally refused to pay rent when due? YES _____ NO _____

Have you ever been in litigation with a landlord? YES _____ NO _____

Have you ever had adjudication withheld or been convicted of a crime? YES _____ NO _____

Have you ever filed bankruptcy? YES _____ NO _____

If you have answered yes to any question above, please provide details on back of this page. Type of Offense, Year it Happened, County and State where it happened and end result.

ADDRESS of HOME BEING PURCHASED: _____

Lot # _____

I give my authorization to this landlord, AccuData Inc, or any party or agency contracted by this landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's Signature _____ Date _____

AccuData Screening Requested:

Package: 1 2 3 4 (please circle one)

Other Services: A B C D E F G H I J

Phone: (954) 755-8379 Fax: (800) 521-1905 E Mail: AccuDataInc@Bellsouth.net

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: _____