

Mobile Estates Home Owners Association, Inc.

6741 S. Tamiami Trail
Sarasota, FL 34231
(941) 924-3800



SHAREHOLDER APPLICATION

(Please read our Privacy Policy prior to completing this application)

STATEMENT OF CONSENT: I (We) have read the Mobile Estates Privacy Policy and agree to provide the following information which is a part of Mobile Estates Mobile Home Association’s application process. I (We) understand that a criminal background check is performed as part of the screening process.

Applicant Signature(s)

Printed Name(s)

Date Signed

APPLICANT(S) CURRENT INFORMATION: (Please print)

Primary Applicant

Spouse/Partner/Other

Name(s) _____

Current Address: _____

City, State Zip: _____

Home Phone: _____ Email Address: _____

Cell Phone: _____ Alt. Email: _____

MOBILE ESTATES PURCHASE INFORMATION:

Address of proposed Mobile Estates purchase: _____

Present Owners: _____

Date of Closing: _____

Sale Price: _____ Share included in price? _____yes _____no

Financed/Balance: _____

If financed, name of BANK: _____

Bank Address (+ City, State Zip): _____

Loan Officer/Contact Person: _____

Bank/Loan Officer Phone # w/Area Code: _____

APPLICANT(S) PERSONAL INFORMATION

Primary Applicant

Spouse/Partner/Other

Name(s): _____

Social Security #: _____

Names of Proposed Occupants

Dates of Birth

Whose names will appear of Declaration of Proprietary Lease

Social Security #

Vehicle #1: Make: _____ Model: _____ Year: _____ License # _____

Vehicle #2: Make: _____ Model: _____ Year: _____ License # _____

.....

APPLICANT #1 CAREER TRACK / EXPERTISE / OTHER: REQUIRED

Name: _____ Retired: ___ Yes Date _____ ___ No

Present/Last Employer: _____ City, State, Zip _____

Position/Expertise: _____

Began Employment Date: _____ Last Date of Employment: _____

Certifications/Licenses Held: _____

Notable Accomplishments (please list): _____

Have you ever been convicted of a felony? ___ Yes ___ No

If yes, please describe the offense, list the date, city and state, court docket # _____

Please list your emergency contact information:

Name: _____ Relationship: _____

Phone number (with area code): _____

Address: _____ City, State Zip _____

Email Address: _____

How did you learn about the park? _____

What attracted you to our park vs. others you may have looked at: _____

APPLICANT #2 CAREER TRACK / EXPERTISE / OTHER: REQUIRED

Name: _____ Retired: ___ Yes Date _____ ___ No

Present/Last Employer: _____ City, State Zip _____

Position/Expertise: _____

Began Employment Date: _____ Last Date of Employment: _____

Certifications/Licenses Held: _____

Notable Accomplishments (please list): _____

Have you ever been convicted of a felony? ___ Yes ___ No

If yes, please describe the offense, list the date, city and state, court docket # _____

Please list your emergency contact information:

Name: _____ Relationship: _____

Phone number (with area code) _____

Address: _____ City, State Zip _____

Email Address: _____

.....

INSURANCE: If you elect not to have insurance, please so state on this application:

Agent's Name: _____ Company: _____

Policy # _____ Coverage: _____

Certificate of Liability (copy must be provided to the office + proof of insurance within 30 days of approval).

.....

CREDIT AND REFERENCES: Please note, if you choose not to provide bank information, you should provide a credit reference letter from bank that shows financial responsibility and is signed by the Bank.

Bank: _____ Address: _____

Bank Contact name (branch manager, etc.) _____ Phone # _____

Types of accounts (checking, savings, mortgage, etc.): _____

Any other personal references or information you would like to include: _____

.....

DOES ANYONE IN YOUR HOUSEHOLD REQUIRE A SERVICE ANIMAL: ___ YES ___ NO
IF YES, PLEASE SUBMIT YOUR DOCUMENTATION WITH THIS APPLICATION FOR APPROVAL.

.....

COMMITTEES that I (we) may wish to serve on (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Recreation/Entertainment Committee | <input type="checkbox"/> Pool Committee |
| <input type="checkbox"/> Shareholder Relationship Committee | <input type="checkbox"/> Shuffleboard/Bocce Ball Committee |
| <input type="checkbox"/> By-Laws Committee | <input type="checkbox"/> Finance Committee |
| <input type="checkbox"/> Dinner/Dance Committee | <input type="checkbox"/> Healthcare/Wellness Committee |
| <input type="checkbox"/> Beautification Committee | <input type="checkbox"/> Maintenance Committee |
| <input type="checkbox"/> Street Light Committee | <input type="checkbox"/> Strategic Plan Committee |
| <input type="checkbox"/> Road/Signage Committee | <input type="checkbox"/> Safety/Environmental Committee |
| <input type="checkbox"/> Risk Management (Insurance) Committee | <input type="checkbox"/> Board/Administration/Personnel Committee |
| <input type="checkbox"/> Marketing/Promotion Committee | <input type="checkbox"/> Real Estate Committee |
| <input type="checkbox"/> Estate Planning/Foundation Committee | <input type="checkbox"/> Public Official Liaison Committee |
| <input type="checkbox"/> Helping Hand Committee | <input type="checkbox"/> Billiards Committee |
| <input type="checkbox"/> Other (please specify): _____ | |

VOLUNTEER – I would like to volunteer and am available the following times:

- How many hours per day would you be willing to volunteer? Please list: _____
- How many days per week would you be available? Please list: _____
- Please check below the areas you’d be willing to volunteer:
 - Office
 - Show prospective shareholders the Mobile Estates homes that are “For Sale”
 - Building & Grounds beautification/updating/remodeling
 - Serve on a committee (check those above)
 - Helping Hand to fellow shareholders in Medicare filings, tax prep, etc.
 - Other (please specify): _____

I (We) GIVE PERMISSION TO PRINT THE FOLLOWING IN THE MOBILE ESTATES DIRECTORY:

Please check the items that you give permission to publish in the Mobile Estates Directory

- Name Cell Phone Email Address
- Mobile Estates Address
- Mobile Estates Landline phone (if you have one)
- Home address, city and state (if not full time)
- Home phone (if not full time)

Applicant Signature(s)	Printed Name(s)	Date Signed
_____	_____	_____
_____	_____	_____

OPTIONAL INFORMATION: PLEASE LIST CHILDREN AND/OR GRANDCHILDREN

Name and Address of Children:

Date of Birth

- 1. _____
City, State Zip _____
- 2. _____
City, State Zip _____
- 3. _____
City, State Zip _____
- 4. _____
City, State Zip _____

Name and Address of Grandchildren

Date of Birth

- 1. _____
City, State Zip _____
- 2. _____
City, State Zip _____
- 3. _____
City, State Zip _____
- 4. _____
City, State Zip _____

APPLICANT'S CONFORMITY/CONSENT STATEMENT

I (We) confirm that I (we) have read the Mobile Estates By-Laws, Occupancy Agreement, and Rules/Regulations and agree to abide by all present, as well as future governance statues that are put in place to protect all the residents and residences of our community and apply to all and every shareholder regardless of who they are. I (We) further agree that our residency is subject of adhering to all of the rules and regulations and that as a mobile home association, we must follow the guidelines outlined in FL 719 statute to the fullest. I (We) also acknowledge that no dogs other than approved service and support dogs are permitted.

I (We) hereby certify that all the information submitted in this application is true and correct.

Applicant Signature(s)

Printed Name(s)

Date Signed

ALL APPLICATIONS ARE SUBJECT TO BOARD OF DIRECTORS APPROVAL – SEE PAGE 6 FOR REVIEW

BOARD OF DIRECTOR REVIEW:

Applicant Name(s): _____

Applicant(s) Approved: _____ **Applicant(s) Rejected:** _____

Reason: _____

Board of Director: _____ **Date:** _____

Board of Director: _____ **Date:** _____