

**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.

Please submit the completed form and \$50 processing fee.)

**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):**

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

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

1. How many hours per day would you be willing to volunteer? Please list: \_\_\_\_\_
2. How many days per week would you be available? Please list: \_\_\_\_\_
3. 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:** \_\_\_\_\_