

Piney Point Homeowners, Inc.
8624 29th Avenue East
Palmetto, Florida 34221
Office 941-722-0055 Fax 941-722-8665
Email: pineypointom@verizon.net

APPLICATION FOR RESIDENCY

Note* There is a \$100.00 application processing fee.

Expected closing date: _____ Expected move in date: _____

NAME: _____ NAME: _____

DATE OF BIRTH _____ DATE OF BIRTH _____

RELATIONSHIP _____ RELATIONSHIP _____

ANNIVERSARY DATE: _____

PINEY POINT ADDRESS: _____

PHONE NUMBER: _____

CELL NUMBER (HIS) _____

CELL NUMBER (HERS) _____

NORTHERN ADDRESS: _____

NORTHERN PHONE NUMBER _____

OF CARS _____ LICENSE# _____ COLOR: _____

MAKE (S) _____ MAKE (S) _____

RETIRED: _____ EMPLOYED: _____

IF EMPLOYED PLEASE GIVE EMPLOYMENT NAME, ADDRESS, PHONE, AND CONTACT PERSON:

INCOME: PLEASE JUST CHECK OFF WHICH ONE APPLIES NO AMOUNTS NEEDED.

EMPLOYED _____ SOCIAL SECURITY _____ PENSION _____ DISABILITY _____

OTHER _____

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BANK REFERENCES: _____ BANK REFERENCES _____

ADDRESS: _____ ADDRESS: _____

PHONE NUMBER _____ PHONE NUMBER _____

CREDIT REFERENCES: (LIST FOUR)

CREDIT SOURCE	ADDRESS	PHONE#	ACCOUNT#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOW DID YOU HERE ABOUT PINEY POINT?

EMERGENCY CONTACT: _____ RELATIONSHIP _____

ADDRESS: _____

PHONE# _____

DOCTOR'S NAME: _____ PHONE# _____

SPECIAL INSTRUCTIONS: _____

PROPERTY INSURANCE: _____

I (WE) have read this application and the rules and regulations of the park, which may be subject to change from time to time. I (we) understand that the rules and regulations are adopted for the benefit of all Piney Point residents of the park and its proper operation and we hereby certify that all the information on this application is true and correct, and understand all applications are subject to park approval. I (we) understand this is a no pet community, excepting for homes on the very outside perimeter.

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CONSENT FORM FOR RELEASE OF INFORMATION

I, (WE) hereby authorize Piney Point Homeowners, Inc. and their Verification Service to receive any criminal records, credit reports, rental or lease information and employment verification, whether by fax, verbal, photocopy, or original signature. I agree to hold harmless Piney Point Homeowners, Inc. and all providers of information. In the event that the information provided by me/us is found to be misleading or false, my acceptance for this purchase may be affected.

FULL NAME _____

FULL NAME _____

STREET ADDRESS: _____

CITY, STATE, ZIP _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

DATE OF BIRTH _____

SOCIAL SECURITY# _____

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____