

Hacienda Village Co-op, Inc.
280 La Vista Drive West
Winter Springs, FL 32708
Phone 407-327-0051 Fax # 407-327-0052
Email: haciendavillage280@gmail.com

Application Submission Instructions
The following items must be submitted with your application:

Verification of Photographic Identity, such as copies of either:

- State issued driver's license
- State issued identification card
- Passport

**Required for conformance to the Federal Patriot Act

Verification of Age:

- Copy of Social Security Card

**Minimum age: 55 years old for primary purchaser; 45 years old for all others.

**Hacienda Village is a registered 55+ community with the Florida Commission on Human Relations

Verification of Employment, if applicable:

- Pay stubs for one month
- Employer's notarized statement on business letterhead confirming your employment including rates of monthly gross and net pay

Verification of Vehicle Ownership:

- Registration for all vehicles
- Insurance for all vehicles

Verification of Income, such as either:

- Current pay stubs for one month
- W-2 forms for the past calendar year
- Tax return for the past calendar year
- Social Security Benefits Awards letter
- Pension Distribution letter with length of term

**Minimum monthly income requirements: \$2,000 per individual, or \$2,500 per couple

Verification of Proof of Purchase:

- A complete signed Sales Contract, including monthly mortgage payment amount clearly stated. This agreement should be made "contingent upon" Purchaser being approved by the Board for Residency.
- Proof of Funds for cash purchase or pre-approval letter if obtaining a mortgage.

Verification of Pet Size and Immunizations, if applicable:

- A veterinarian's statement reflecting
- All animals have had all required immunizations
- Breed of animals must be approved
- No dog runs or fences permitted

Application Fee: \$50, per person, check, or money order only, payable to Hacienda Village which is Nonrefundable.

*** Application process takes 7-10 business days & Falsification of information is grounds for automatic denial.

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RESIDENT APPLICATION FORM

Date: _____

APPLICANT 1:

Last: _____ First: _____ M/I: _____ Jr/Sr: _____
Driver's License # _____ State: _____ Date of Birth: _____
*Social Security # _____ Phone: _____
Email: _____ Cell: _____
Full Time Resident OR Part Time Resident

APPLICANT 2:

Last: _____ First: _____ M/I: _____ Jr/Sr: _____
Driver's License # _____ State: _____ Date of Birth: _____
*Social Security # _____ Phone: _____
Email: _____ Cell: _____
Relationship to Applicant 1: _____
Full Time Resident OR Part Time Resident

APPLICANT 1 -PRESENT ADDRESS:

Street: _____ City/State/Zip: _____
Telephone: _____ Years at this address: _____
Landlord: _____ Telephone: _____
Own or Rent: _____ If Owned, are you selling the home? Yes/No: _____

APPLICANT 1 -PREVIOUS ADDRESS:

Street: _____ City/State/Zip: _____
Telephone: _____ Years at this address: _____
Landlord: _____ Telephone: _____

APPLICANT 1 - EMPLOYMENT:

Company: _____
Address: _____ Phone: _____
Position: _____ Years Employed: _____
**Income: \$ _____ Wk/Month/Yr: _____ (see below)
Supervisor: _____
Full Time OR Part Time

APPLICANT 1 -ADDITIONAL INCOME:

Source: _____ \$ _____ Wk./Month/Yr.

APPLICANT 2 -PRESENT ADDRESS:

If address is the same as Applicant 1 check the box:
Street: _____ City/State/Zip: _____
Telephone: _____ Years at this address: _____
Landlord: _____ Telephone: _____

APPLICANT 2 -PREVIOUS ADDRESS:

Street: _____ City/State/Zip: _____
Telephone: _____ Years at this address: _____
Landlord: _____ Telephone: _____

APPLICANT 2 -EMPLOYMENT:

Company: _____
Address: _____ Phone: _____
Position: _____ Years Employed: _____
**Income: \$ _____ Wk/Month/Yr: _____ (see below)
Supervisor: _____
Full Time OR Part Time

APPLICANT 2 ADDITIONAL INCOME:

Source: _____ \$ _____ Wk./Month/Yr.

LOT INFORMATION:

Address: _____

Lot#: _____

HOME INFORMATION:

Make: _____ Year: _____ Size: _____

Serial #/s: _____

IF THE HOME IS FINANCED: (must be completed for approval)

Financed by: _____ Telephone: _____

Contact: _____ Monthly Payment: _____

Account Number: _____

Purchasing a share? _____ If 'yes' complete below in full.

Share financed by: _____ Telephone: _____

Contact: _____ Monthly payment: \$ _____

LIST ALL VEHICLES:

1. Year: _____ Make: _____ Model: _____ Tag # / State: _____

2. Year: _____ Make: _____ Model: _____ Tag # / State: _____

LIST ALL PETS:

(Consistent with Park Prospectus and / or Rules and Regulations):

Pet type: _____ Weight: _____ (Approved Breed)

Pet type: _____ Weight: _____ (Approved Breed)

**Provide Pet Application

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Telephone: _____

How did you find out about Hacienda Village? _____

I / We certify that the information is correct and complete and hereby authorize HACIENDA VILLAGE CO-OP INC. to make any inquiries deemed necessary to evaluate my / our tenancy. Including but not limited to; background check for criminal history, credit scoring and history, landlord/rental verification, and employment/income verification. Should I/We lease the above unit space and / or purchase a share, I / We understand that all information obtained will be maintained in my / our Resident File and will be kept in strict confidence.

I / We understand that if the home I / We purchase has a fence on the lot, it will be removed immediately upon moving into the home. (see: Park Rules / Prospectus).

Signature of Applicant

Date

Signature of Applicant

Date

Notes:

- Must be provided for Credit Check.
- Minimum \$2,000 (verifiable) per month for single applicant.
- Minimum \$2,500 (verifiable) per month for couple.



NATIONAL TENANT NETWORK

THE NATION'S PREMIER SCREENING COMPANY
TELEPHONE 1.800.330.2930 or FAX 1.800.368.1241

SUBSCRIBER(PRINT NAME).....HACIENDA VILLAGE CO OP.....

ACCESS NUMBER937.....PHONE NUMBER.....407-327-0051.....

FAX THIS REPORT BACK TO407-327-0052.....

REQUESTING AGENT(PRINT NAME)HACIENDA..VILLAGE..CO..OP.....

CHECK THE DESIRED REPORTS BELOW:

- Scored Credit Report
- Credit & Eviction (SSP)
- Criminal Record Search
- Decision Point
- Eviction
- Credit & Eviction & Criminal (PSP)

APPLICANT (PRINT NAME)

SOCIAL SECURITY # DATE OF BIRTH

CURRENT ADDRESS

CITY STATE ZIP CODE

PLEASE CAREFULLY FILL IN ALL OF THE ABOVE INFORMATION. BE SURE TO
PRINT LEGIBLY OR YOUR REQUEST WILL NOT BE PROCESSED.

*I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND
HEREBY AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO
EVALUATE MY TENANCY. IF I RENT THE UNIT, I UNDERSTAND THAT THE
INFORMATION GATHERED ON, AND FROM THIS FORM AND THE RENTAL
AGREEMENT MAY BE MAINTAINED BY MANAGEMENT AND NATIONAL TENANT
NETWORK FOR UP TO FIVE (5) YEARS AFTER I VACATE THE PREMISES.*

TENANT'S SIGNATURE.....DATE.....

*PLEASE USE THIS FORM FOR ALL FUTURE REQUESTS.
*NO ADDITIONAL INFORMATION IS NECESSARY.



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HACIENDA VILLAGE CO-OP, INC.
PET APPLICATION FORM

Unit Owner or Resident: _____

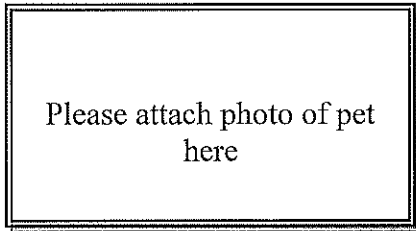
Lot #: _____

Type of Pet (please circle one): DOG CAT

Pet's Name: _____ Pet's Age: _____

Pet's Weight: _____ Pet's License/Tag Number: _____

Breed (*Be specific – give complete description, colored.*): _____



Owner agree to the statement below:

=====

I am aware of HACIENDA VILLAGE CO-OP, INC. rules, regulations and restrictions regarding pets on the property and agree to abide by them.

Signature _____ Date: _____

Signature _____ Date: _____

PLEASE RETURN FORM WITH PHOTO, SHOT RECORDS FOR CURRENT RABBIES VACINATION TO THE MANAGEMENT OFFICE

No other animals other than domesticated dogs, cats, birds, or fish are permitted. No more than two pets per unit and restrictions apply.

HACIENDA VILLAGE CO-OP, INC.
PET APPLICATION FORM

Unit Owner or Resident: _____

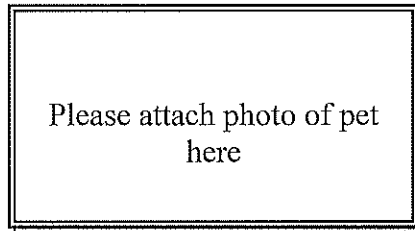
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