



NON - U.S. Renter(s) Application

Welcome to Harbor Cove, a 55+ and over resident owned community. We appreciate your interest in our waterfront community.

Enclosed you will find our **"application for residency"** which includes one authorization form for a criminal background check. Please print out and sign the Criminal History Background Check Form online if it's not included with your packet. We require all forms to be filled out completely. Please return to the community office along with one of the following acceptable forms of identification: passport, identification card or driver license.

A copy of each applicant's identification is required. The non-refundable processing fee is one hundred dollars (\$100.00) per person or married couple. Plus an additional \$50.00 for background check. The maximum number of occupants per household is (3) three. Applicants will be notified within (1) one to (2) two weeks, if possible, of approval/denial from date of submission. Please have the application submitted prior to the move-in date.

If you purchase a share home in Harbor Cove, the share needs to be transferred as well. To do this Harbor Cove will need:

- A recorded copy of the Assignment of Occupancy Agreement
- A recorded copy of the mobile home title(s)
- NOTE: the required copies must be in the exact same name(s)
- The original retiring share certificate from the seller
- A One Hundred-Dollar (\$100.00) transfer fee

If the share is transferring into a trust, a copy of the portion of the trust that shows who the trustees are and that the trust can buy, hold, and sell real property.

Please make sure you print off or pick up the Rules & Regulations. Due to the relatively close proximity of the homes in Harbor Cove, it is important that you read and understand your rights and responsibilities as a member of the Association and as a resident within the community.

We look forward to having you as a resident and neighbor in Harbor Cove.

Harbor Cove
Revised 1-22-2025

**HARBOR COVE RESIDENT OWNED COMMUNITY
APPLICATION FOR RESIDENCY
*55 AND OVER COMMUNITY**

Lot # _____ ADDRESS: _____ DATE: _____

Applicant Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Social Security: _____

Marital Status: Married Divorced Single Widow

Driver's License: _____ State: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Phone #: _____

Email Address: _____

Spouses' Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Social Security: _____

Driver's License: _____ State: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Phone #: _____

Email: _____

OTHER OCCUPANTS:

Name: _____
(First) (Middle) (Last)

Relationship: _____

Date of Birth: _____ Social Security: _____

Driver's License #: _____ State: _____

Name: _____
(First) (Middle) (Last)

Relationship: _____

Date of Birth: _____ Social Security: _____

Driver's License #: _____ State: _____

Name: _____
(First) (Middle) (Last)

Relationship: _____

Date of Birth: _____ Social Security: _____

Driver's License #: _____ State: _____

EMERGENCY CONTACT NAME: _____

Address: _____

Phone #: _____ Relationship: _____

Seasonal Renter? YES NO

Year Round Renter? YES NO

Seasonal Start Date: _____

Year Round Start Date: _____

Seasonal End Date: _____

Do you intend to live with a domestic animal on this property? YES NO

**** If yes, please complete the attached animal registration form and provide a picture of your animal. NOTE: Dogs are only permitted in the pet section at Harbor Cove. You are allowed one (1) dog weighing not more than forty (40) pounds and measuring not more than twenty (20) inches at the front of the shoulder at maturity and (1) indoor cat or resident may have a total of (2) indoor cats in lieu of 1 dog and 1 indoor cat.**

HARBOR COVE, R.O.C. INC.
DOMESTIC ANIMAL REGISTRATION

IN ORDER TO COMPLY WITH THE RULES AND REGULATIONS, ALL ANIMALS MUST BE REGISTERED WITH THE OFFICE. ALL INFORMATION MUST BE PROVIDED AND A PICTURE OF THE ANIMAL(S) BEING REGISTERED MUST BE INCLUDED. AFTER COMPLETION, PLEASE RETURN TO THE COMMUNITY OFFICE FOR MANAGEMENT APPROVAL.

Name: _____ Lot #: _____

DOG or CAT

If a Dog, What Breed: _____

Name of Animal: _____ Age of Animal: _____

Color/Marks: _____

Weight of Animal: _____ Tag #: _____

**** You Must provide a picture of animal prior to approval****

**** I have read the rules and regulations regarding "Pets" (p. 13, Section VII) and agree to abide by them.**

Signature: _____ Date: _____

Signature: _____ Date: _____

CRIMINAL HISTORY:

Have you and or intended occupant(s) ever been convicted of and or pled "guilty" or "no contest" to any felony regardless of whether such results in jail or prison time? **YES** **NO**

Served and/or withheld adjudication? **YES** **NO**

Have you and/or intended occupant(s) ever been convicted of and/or pled "guilty" or "no contest" to any misdemeanor involving theft, burglary, perjury, pornography, assault, battery lewd & lascivious conduct, indecent exposure, sexual molestation and or any unlawful conduct involving a minor, regardless of whether such activity resulted in jail or prison time served and/or withheld adjudication? **YES**
NO

If yes, please provide details on the back of this page.

Have you or any intended co-resident ever had an eviction filed against you? **YES** **NO**

Applicant(s) has submitted a required fee which is **non-refundable** payment for a credit check and or background check along with the processing the application as written by the applicant. Any false information will constitute grounds for rejection of application and may lawfully serve as basis for lease termination and or eviction.

The italicized section is for applicants purchasing a tenant-owned property only:

I hereby agree in the event of the approval of this application of residency to execute a rental agreement in accordance with the terms set forth in this application and my rental liability shall commence on:
_____ *pursuant to the terms of this rental agreement.*

Under penalty of perjury, I swear or affirm that the information contained in this application is true and correct.

Applicant Signature

Date

Spouse Signature

Date

Applicant Signature

Date

Applicant Signature

Date

ACKNOWLEDGEMENT

By my/our signature(s) below, I/we acknowledge the receipt of the revised **Rules and Regulations of Harbor Cove, R.O.C, Inc.** which were approved by the board of directors on October 27, 2023, to take effect on February 1, 2024 and agree to abide by all of the **Rules and Regulations** contains herein, and as may be amended from time to time.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

IMPORTANT NOTE:

This is to advise all prospective occupants that *HARBOR COVE R.O.C.* is a **55+ and OVER COMMUNITY**, as such, a unit shall not be occupied unless the applicant is at least fifty-five (55) years of age or older and all other occupants must be at forty (40) years of age or older.

CERTIFICATE OF AGE COMPLIANCE

I (We) hereby certify that at least one person who will occupy this unit permanently or seasonally is at least 55 years of age or older and all other occupants are at least 40 years of age or older.

DATE THIS _____ DAY OF _____, 20_____

SIGN: _____ PRINT: _____

SIGN: _____ PRINT: _____

SIGN: _____ PRINT: _____

HARBOR COVE, R.O.C. INC.
VEHICLE REGISTRATION

Date: _____ Lot: _____

NAME: _____

HARBOR COVE ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

VEHICLE #1 INFORMATION

VEHICLE #2 INFORMATION

MAKE: _____

MAKE: _____

MODEL: _____

MODEL: _____

YEAR: _____ STATE: _____

YEAR: _____ STATE: _____

COLOR: _____

COLOR: _____

LICENSE PLATE: _____

LICENSE PLATE: _____

IS THIS VEHICLE REPLACING ANOTHER VEHICLE?

YES _____ NO _____

IS THIS VEHICLE IN ADDITION TO ANOTHER VEHICLE YOU HAVE REGISTERED WITH HARBOR COVE?

YES _____ NO _____

NOTE: PLEASE STOP BY THE COMMUNITY OFFICE TO PICK UP YOUR AUTOMOBILE STICKER(S).

HARBOR COVE RESIDENT OWNED COMMUNITY, INC.

499 IMPERIAL DRIVE
NORTH PORT, FL 34287
(941) 426-2806

Please complete the form below and please return to the Harbor Cove Management Office. There are many activities and events throughout Harbor Cove where photographs/videos of you and your guests may be taken. These photographs/videos of our happy residents and fun activities are used to display on our community website and advertising. Please complete the consent form below and return by fax: 941-412-8440, scan or email to hcroc499@gmail.com and/or mail to Harbor Cove, 499 Imperial Dr., North Port, FL 34287. You can also drop it off at the Harbor Cove Office.

****Each Occupant Must Sign** One Signature per line****

_____ I DO NOT offer permission/consent to use any photographs/videos of me or my guests.

_____ I DO offer my consent to allow photographs/videos of me and my guests to be taken and used for unedited presentation on our community website and advertising. I understand that I may remove my authorization/consent at any time in the future and all photos will be removed and deleted.

Print Name: _____ Date: _____

HC Address: _____ Lot #: _____

Signature: _____

_____ I DO NOT offer permission/consent to use any individual photographs/videos of me or my guests.

_____ I DO offer my consent to allow photographs/videos of me and my guests to be taken and used for unedited presentation on our community website and advertising. I understand that I may remove my authorization/consent at any time in the future and all photos will be removed and deleted.

Print Name: _____ Date: _____

HC Address: _____ Lot #: _____

Signature: _____

WOULD YOU LIKE TO BE IN THE HARBOR COVE DIRECTORY? BOTH NAMES, HIS NAME, HER NAME, ADDRESS, CELL #, HOME #, EMAIL ADDRESS, HOME STATE. WHAT IS YOUR HOME STATE? _____

AUTHORIZATION FOR FILE DISCLOSURE

PLEASE ATTACHED DRIVER'S LICENSE OR PHOTO ID TO THIS FORM

APPLICANT/TENANT CONSENT

I hereby consent to allow Verify Screening Solutions, Inc. through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to, my credit report, criminal information, and eviction information for the purpose of determining my eligibility to lease/purchase a mobile home. I further understand if I lease/purchase a mobile home, I consent to allow Verify Screening Solution, Inc. and its designated agent/employee, for the duration of my lease, to review the following list of information to assess risk, for analysis, for process improvement, and other uses; my consumer reports, including but not limited to my credit report, criminal information, eviction information, my rental payment history, and occupancy history, and other information. The facts set forth in my application for residency are true and complete. False, fraudulent or misleading information on an application may be grounds for denial of residency or subsequent eviction. Results will be provided to

X _____
Signature Date

X _____
Full Name – First, Middle, and Last Name (Please Print)

X _____
Home Address (Unit # if applicable)

X _____
City State Zip

X _____
Social Security Number Date of Birth Dr's License & State



Credit Check Form

Important – to be completed by employer or recruiter

1. Photocopy 1 piece of identification, ID must be government issued with candidate's picture and signature.
2. Scan these pages and Email to submit@tritoncanada.ca or Fax to 1-866-284-3149.
3. When photocopying ID, ensure it is clear and can be read.

Services Ordered: Credit Bureau Inquiry ☒

Identification Verification of employee by employer or recruiter

Verify Screening Solutions
Company

Verify Screening Solutions Inc.
Client Code/Name/Location

support@verifyssi.com
Manager's Email Address

David
Manager's First Name

Cifuentes
Last Name

X David Cifuentes
Manager's Signature

Candidate Consent

Candidate First Name

Middle Name

Last Name

Maiden Name(s) / Alias (Other Names)

Birth Date
Month Day Year

Gender M ☐ F ☐

Present Address (street name, number, city, province, postal code)

Telephone

Previous Address (if present address is less than 5 years)

Place of Birth (Town, Prov., Country or Hospital)

Email Address

In connection with my application for employment with Verify Screening Solutions I understand that background check process includes a Canadian credit bureau inquiry with retrieval of information from a major Canadian credit bureau. I hereby consent to a Canadian credit bureau inquiry on behalf of Verify Screening Solutions which will include information about me, including any previous bankruptcies, legal proceedings, collection actions, negative banking items and other information reported by my creditors and I hereby authorize any public or private institution to provide and release Triton information related to my credit record. I authorize Triton to release all personal information obtained during the above Canadian credit bureau inquiry to Verify Screening Solutions and hold harmless TRITON upon the release of this information or its findings to Verify Screening Solutions.

X _____
Candidate's Signature Authorizing Credit Bureau Inquiry

Date



Credit Check Form

Important – to be completed by employer or recruiter

1. Photocopy **1 piece** of identification, ID must be government issued with candidate's picture and signature.
2. Scan these pages and Email to submit@tritoncanada.ca or Fax to 1-866-284-3149.
3. When photocopying ID, ensure it is clear and can be read.

Services Ordered: Credit Bureau Inquiry ☒

Identification Verification of employee by employer or recruiter

Verify Screening Solutions
Company

Verify Screening Solutions Inc.
Client Code/Name/Location

support@verifyssi.com
Manager's Email Address

David
Manager's First Name

Cifuentes
Last Name

X David Cifuentes
Manager's Signature

Candidate Consent

Candidate First Name

Middle Name

Last Name

Maiden Name(s) / Alias (Other Names)

Birth Date
Month Day Year

Gender M ☐ F ☐

Present Address (street name, number, city, province, postal code)

Telephone

Previous Address (if present address is less than 5 years)

Place of Birth (Town, Prov., Country or Hospital)

Email Address

In connection with my application for employment with Verify Screening Solutions I understand that background check process includes a Canadian credit bureau inquiry with retrieval of information from a major Canadian credit bureau. I hereby consent to a Canadian credit bureau inquiry on behalf of Verify Screening Solutions which will include information about me, including any previous bankruptcies, legal proceedings, collection actions, negative banking items and other information reported by my creditors and I hereby authorize any public or private institution to provide and release Triton information related to my credit record. I authorize Triton to release all personal information obtained during the above Canadian credit bureau inquiry to Verify Screening Solutions and hold harmless TRITON upon the release of this information or its findings to Verify Screening Solutions.

X _____
Candidate's Signature Authorizing Credit Bureau Inquiry

Date

AUTHORIZATION FOR FILE DISCLOSURE

PLEASE ATTACHED DRIVER'S LICENSE OR PHOTO ID TO THIS FORM

APPLICANT/TENANT CONSENT

I hereby consent to allow Verify Screening Solutions, Inc. through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to, my credit report, criminal information, and eviction information for the purpose of determining my eligibility to lease/purchase a mobile home. I further understand if I lease/purchase a mobile home, I consent to allow Verify Screening Solution, Inc. and its designated agent/employee, for the duration of my lease, to review the following list of information to assess risk, for analysis, for process improvement, and other uses; my consumer reports, including but not limited to my credit report, criminal information, eviction information, my rental payment history, and occupancy history, and other information. The facts set forth in my application for residency are true and complete. False, fraudulent or misleading information on an application may be grounds for denial of residency or subsequent eviction. Results will be provided to

X _____
Signature Date

X _____
Full Name – First, Middle, and Last Name (Please Print)

X _____
Home Address (Unit # if applicable)

X _____
City State Zip

X _____
Social Security Number Date of Birth Dr's License & State



HARBOR COVE NEW RESIDENTIAL & RENTAL APPLICATION CHECKLIST:

The following information is due when applying for Residents or Rental applications:

Application for Residency _____

Animal Registration and Photo Provided _____

Consent for Background and Credit check _____

Background Order Date _____ Report Received date _____

Rules and Regulations Acknowledgement _____

Certificate of Age Compliance _____

Vehicle Registration Form _____

Photography Form _____

Resident Name(s) In Directory Yes _____ No _____ N/A _____

Copy of Photo ID, all residents _____

Application fee Paid (See 1st Page) _____

Purchase/Lease Agreement _____

CHECKS are payable to Harbor Cove R.O.C.
HARBOR COVE RESIDENT OWNED COMMUNITY INC.
499 IMPERIAL DRIVE
NORTH PORT, FL 34287
O) 941-426-4806
F) 941-412-8440
EMAIL: HCROC499@GMAIL.COM