



## **U.S. Purchase 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: \_\_\_\_\_

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.*

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Applicant Signature

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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** contained 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**

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](mailto: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 \_\_\_\_\_ Driver's License & State \_\_\_\_\_

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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 \_\_\_\_\_ Driver's License & State \_\_\_\_\_



### **HARBOR COVE NEW RESIDENTIAL & RENTAL APPLICATION CHECKLIST:**

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

<b>Application for Residency</b>	_____
<b>Animal Registration and Photo Provided</b>	_____
<b>Consent for Background and Credit check</b>	_____
<b>Background Order Date</b> _____	<b>Report Received date</b> _____
<b>Rules and Regulations Acknowledgement</b>	_____
<b>Certificate of Age Compliance</b>	_____
<b>Vehicle Registration Form</b>	_____
<b>Photography Form</b>	_____
<b>Resident Name(s) In Directory</b>	<b>Yes</b> _____ <b>No</b> _____ <b>N/A</b> _____
<b>Copy of Photo ID, all residents</b>	_____
<b>Application fee Paid (See 1<sup>st</sup> Page)</b>	_____
<b>Purchase/Lease Agreement</b>	_____

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