

# APPLICATION FOR RESIDENCY

TROPICAL HAVEN  
1205 EDDIE ALLEN ROAD  
MELBOURNE, FL 32901

Tropical Haven has been designated as "Housing for Older Persons Age 55 and Older". In order to qualify for residency in Tropical Haven each prospective resident will be required to provide proof of age. Acceptable age verification documents are a birth certificate or passport and other picture identification or a valid Florida Driver's License.

NAME (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY, STATE, AND ZIP \_\_\_\_\_

LAST PERMANENT ADDRESS \_\_\_\_\_ CITY, STATE, AND ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ LOCAL PHONE CONTACT \_\_\_\_\_

SOCIAL SECURITY NUMBER OF APPLICANT \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ VERIFICATION DOCUMENT \_\_\_\_\_

## FULL NAMES & BIRTHDATES OF OTHER FAMILY MEMBERS TO RESIDE IN SAME HOME

Name \_\_\_\_\_ DOB \_\_\_\_\_ Verification Document \_\_\_\_\_  
(Verification document to be presented at interview)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Verification Document \_\_\_\_\_

It is the policy of Tropical Haven to deny residency to applicants or tenants who have been convicted, or pled guilty or "no contest," to any violent crime or sexual offense, or to a violation of any law or ordinance, the violation of which is deemed by Tropical Haven management to present a risk to the health, safety or welfare (whether physical, financial or otherwise) of other Tropical Haven residents, including crimes involving fraud or dishonesty. In the event Tropical Haven becomes aware of such a conviction or plea and the conviction or plea was not revealed on the tenant's Application for Residency, the tenancy will be terminated.

Have you ever been convicted, or pled guilty or "no contest", to any violent crime or sexual offense, or to a violation of federal, state, or local laws, other than minor traffic violations?

YES ( ) NO ( ) If yes, please explain:

## EMPLOYMENT HISTORY

Last or Present Employer \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Number of Years Employed \_\_\_\_\_

Previous Employer \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Number of Years Employed \_\_\_\_\_

## REFERENCES (Please list one credit reference, one bank reference and two personal references)

Credit Reference \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Bank Reference \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Personal References (not relatives)

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

APPLICATION FOR RESIDENCY

PAGE 2

**MOBILE HOME INFORMATION**

Do you presently own a mobile home that will be relocated to Tropical Haven? Yes ( ) No ( ) If so, what is the manufacturer's name \_\_\_\_\_ Year \_\_\_\_\_ What is the size \_\_\_\_\_

Are you negotiating for the purchase of a mobile home located in Tropical Haven? Yes ( ) No ( ) If you answered yes, please list the current owner's name and address \_\_\_\_\_

**EMERGENCY NUMBERS**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Please note that a non-refundable administrative fee of \$50.00 for the first applicant and \$25.00 for each additional person living in the home will be charged to help offset the cost of processing this application and acquiring a credit history and criminal background check.

The information provided in this application is true and accurate to the best of my knowledge. I understand that supplying false or inaccurate information may result in my application being rejected or residency terminated. **I give permission for Tropical Haven to acquire my credit history and criminal background check.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_  
(if applicable)

Signature \_\_\_\_\_ Date \_\_\_\_\_

This space is for office use only

Date Received \_\_\_\_\_

Age Documents Checked by \_\_\_\_\_

Approved by \_\_\_\_\_

Disapproved by \_\_\_\_\_

Proposed Address \_\_\_\_\_

Maximum Trailer Size \_\_\_\_\_

Administrative Fee Received by \_\_\_\_\_

Additional Charges (if any) Received by \_\_\_\_\_