Holiday Park, Park & Recreation District 5401 Holiday Park Blvd. North Port, FL 34287 Revised 11/12/98 Revised 10/17/13 Revised 2/12/09 Revised 12/2/13 Revised 3/17/11 Revised 9/28/15 Revised 04/04/12 Revised 10/29/15

# HOLIDAY PARK, PARK AND RECREATION DISTRICT APPLICATION FOR <u>RENTAL or NON-OWNER</u> A \$50.00 Non-Refundable Application Fee is due when form is submitted to office

| Season 20/ 20  |  |                |                 |
|--|--|----------------|-----------------|
| Re-Certification Season 20/20<br>Re-Certification Season 20/20   | Re-Certification Season 20<br>Re-Certification Season 20 | · · · ·        |                 |
| Property Address  THE UNDERSIGNED HEREBY SUBMITS T   |  |                | JSTEES TO       |
| OCCUPY A UNIT IN HOLIDAY PARK, PAR  Name(s) of Applicant(s): (Please print clea  |  | der.           |                 |
| 1st ApplicantLAST_NAME   | FIRST NAME   | INT.           | DOB             |
| 2 <sup>nd</sup> Applicant LAST NAME  | FIRST NAME   | INT.           | DOB             |
| PLEASE NOTE: Each applicant shall attack identification including name, birth date, and identification include driver's license, passponder. | d (if practicable) a portrait ph                         | otograph. Acce | ptable forms of |
| APPLICANT'S PERSONAL HISTORY:  |  |                |                 |
| 1. Home Address:(Street)   | (City)   | (State) (Zip   | Code)           |
| 2. [ ] Current Home Telephone Number: (  | )  |                |                 |
| 3. [ ] Cell Phone Number: ()   |  |                |                 |
| Please check the telephone number above to be  | used for the front gate director                         | y code.        |                 |
| Applicant's Initials Initials  |  |                |                 |

#### PET SECTIONS:

\*There are rules and regulations regarding the keeping of pets. Pet Section questions must be completely filled out or the application will be returned to the applicant. The pet Sections are:

Lots 1 through 120, both inclusive; Lots 202 through 221, both inclusive, and Lots 252 through 276, both inclusive, in Block 1.

Lots 1 through 67, both inclusive; Lots 144 through 257, both inclusive; and Lots 277 through 540, both inclusive, in Block 2.

|    | *In Pet Section? (Please check Yes or No)  | Yes  |   | No  |
|----|--|--|---|---|
|    | *Does Proposed Occupant Own a Pet?   |  |   |   |
|    | - · ·  | Yes  | No  |   |
|    | *If Yes, What Breed?   |  | Height  | Weight  |
|    | pounds in weight (30lbs.) he/she is defaulted by Details of Property Owner.  | nay be subjec                                    | t to removal from   | n Holiday Park.                                     |
| A. | Name of Owner:   |  |   |   |
| В. | Signature of Owner:  |  |   |   |
|    | Owners who are renting their property tenant will be staying in Holiday Park. Rental Tax for Rental property: Rentals tourist development tax payable to Saras Department of Revenue. "For further in to http://www.sarasotataxcollector.com/s | for six(6) mos<br>sota County a<br>formation you | nths or less are s<br>nd a sales tax pa<br>ı may contact Sa | ubject to specific taxes. A<br>yable to the Florida |

Applicant's Initials \_\_\_\_\_ Initials \_\_\_\_\_

# INFORMATION CONCERNING INTENDED OCCUPANCY:

| Please che                            | eck Yes or No:   |  |   |
|---------------------------------------|--|--|---|
|                                       | Yes  | No   |   |
| (Including                            | g owner/s) If Yes, Provide Na  | me, Age(s) and Relations   | hip to you.   |
|                                       | Name   | Age  | Relationship  |
|                                       | Name   | Age  | Relationship  |
|                                       |  |  | by the Board of Trustees. A g<br>2) month period shall not be o           |
| as an "o                              | tay shall not exceed thirty (  | 30) days in any twelve (1  |   |
| Anticipate (One mon                   | tay shall not exceed thirty (secupant".  Ed Length of Stay: [] 3 most  | 30) days in any twelve (1  | 2) month period shall not be o  |
| Anticipate (One mon From:             | tay shall not exceed thirty (secupant".  Ed Length of Stay: [] 3 most th minimum)  | 30) days in any twelve (1  onths [] 6 months [] 9  From:   | 2) month period shall not be one of the commonths [] Full time [] Other   |
| Anticipate (One mon From:             | tay shall not exceed thirty (secupant".  Ed Length of Stay: [] 3 most th minimum) to:to:   | 30) days in any twelve (1  onths [] 6 months [] 9  From:   | 2) month period shall not be one of the commonths [] Full time [] Otheto: |
| Anticipate (One mon From: From:       | tay shall not exceed thirty (secupant".  Ed Length of Stay: [] 3 most th minimum) to:to:   | aths [] 6 months [] 9  From:   | 2) month period shall not be one of the commonths [] Full time [] Otheto: |
| Anticipate (One mon From: From: From: | tay shall not exceed thirty (secupant".  Ed Length of Stay: [] 3 most th minimum) to:to:to:to:   | and the second s | 2) month period shall not be one of the commonths [] Full time [] Otheto: |
| Anticipate (One mon From: From: From: | tay shall not exceed thirty (secupant".  Ed Length of Stay: [] 3 most th minimum) to: to:  To:  SPORMATION IN CASE Of Emergency:                                 | aths [] 6 months [] 9  From:  From:  F EMERGENCY:  (Other than co-applicant)   | month period shall not be commonths [] Full time [] Othe to:to:to:        |
| Anticipate (One mon From: From: From: | tay shall not exceed thirty (accupant".  Ed Length of Stay: [] 3 month minimum) to: to:  To:  NFORMATION IN CASE Of Emergency:  Name:                            | aths [] 6 months [] 9  From:  From:  FOMERGENCY:  (Other than co-applicant)  | month period shall not be commonths [] Full time [] Othe to:to:           |
| Anticipate (One mon From: From:       | tay shall not exceed thirty (accupant".  In the defendance of Stay: [] 3 months the minimum) to: to: to:  NFORMATION IN CASE Of Emergency:  Name:  Relationship: | aths [] 6 months [] 9  From:  From:  F EMERGENCY:  (Other than co-applicant)   | month period shall not be commonths [] Full time [] Othe to:to:           |

| 7.                                | Type(s) and Number(s) of Motor Vehicles(including owners) to be parked on Premises:  |
|-----------------------------------|--|
|                                   |  |
| NOT                               | E: Recreational Vehicles, Boats, Trailers, Canoes, etc. CANNOT be parked on the Premises.  |
| 8.                                | Does Proposed Occupant Own (?):  |
|                                   | Recreational Vehicle: If Yes, Type and Size:   |
|                                   | Boat: If Yes, Size:  |
|                                   | Cargo/Utility Trailer: If Yes, Type and Size:  |
| Arra                              | E: There are rules and regulations regarding the keeping of vehicles (other than passenger cars). ngements for off-premises storage may be required. Space in the R.V. storage area is limited. mments of storage spaces are provided on a first come first serve basis.   |
| APPI                              | LICANT'S ACKNOWLEDGEMENT OF COMMUNITY RESTRICTIONS   |
| Appli<br>Assoc<br>Decla<br>of Inc | re Applicant completes and signs this Application, Applicant is advised that certain restrictions, conditions, nants and other provisions pertain to the ownership and use of property in Holiday Park. Accordingly, icant is hereby advised to obtain from the Owner, or the Applicant may read them on the Community ciation website (www.holidayparknp.com), a copy of all current Community Documents, including the aration of Restrictions, as amended, the enabling Act of the Park, Park and Recreation District, the Articles corporation and By-laws of the homeowners association, and the Rules and Regulations promulgated by oard of Trustees. |
| DOC                               | UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF THE FOLLOWING CUMENTS, HAS READ AND UNDERSTANDS THE CONTENTS OF THE DOCUMENTS: se check-off and initial each one)  [ ] Declaration of Restrictions, with Amendments thereto  [ ] Enabling Act of Holiday Park, Park and Recreation District  [ ] Rules and Regulations  |
| Appl                              | icant's Initials Initials  |

ADDITIONAL INFORMATION:

# Holiday Park Park & Recreation District

#### **Under 55 Disclosure**

I understand Holiday Park Park and Recreation District is a community intended and operated as "housing for older persons" within the meaning of the Fair Housing Amendments Act of 1988, 2 U.S.C. Sections 3601, et seq.

I understand occupancy of a dwelling unit on a lot shall not be permitted unless at least one person in such dwelling unit shall be fifty-five (55) years of age or older; provided however, all other occupants (excluding "under age guests" as defined below) of the dwelling unit must be at least forty-five (45) years of age.

An "under age guest" of a lot owner or an authorized lot renter shall, without restriction due to age or familial status, be permitted to stay in a lot owner/renter's dwelling unit provided such stay does not exceed a total of thirty (30) days in any twelve (12) month period.

|  | Data  |
|--|-------|
|  | Date: |
|  | Date: |
| The second secon |       |
|  |       |
|  |       |

### HOLIDAY PARK, PARK & RECREATIONS DISTRICT 5401 Holiday Park Blvd. North Port, FL 34287

#### AGE VERIFICATION STATEMENT

As required by Federal Law, this community is a 55 and over community and is intended to provide housing for older persons in accordance with the Housing for Older Person Act. Part of that Act requires housing providers to verify the ages of resident who live in the community.

| Name of 1 <sup>st</sup> Applicant              |                           |  |
|--|---------------------------|--|
| Name of 2 <sup>nd</sup> Applicant              |                           |  |
| Check the method of Age Verification Provided: |                           |  |
| 1st Applicant                                  | 2 <sup>nd</sup> Applicant |  |
| Date of Birth                                  | Date of Birth             |  |
| Driver's License                               | Driver's License          |  |
| Passport                                       | Passport                  |  |
| State Identification                           | State Identification      |  |
| Birth Certificate                              | Birth Certificate         |  |
| Signature of 1 <sup>st</sup> Applicant         | Date                      |  |
| Signature of 2 <sup>nd</sup> Applicant         | Date                      |  |
|  |                           |  |
|  |                           |  |
|  |                           |  |
| Applicant's Initials Initials                  |                           |  |

APPLICANT(S) HEREBY ACKNOWLEDGE THAT ALL FAMILY, GUESTS AND OTHER INVITEES, SHALL BE HELD RESPONSIBLE FOR COMPLIANCE WITH ALL OF THE RESTRICTIONS, CONDITIONS, COVENANTS AND OTHER PROVISIONS CONTAINED IN THE COMMUNITY DOCUMENTS, INCLUDING, BUT NOT LIMITED TO, RESTRICTIONS CONCERNING THE USE OF A DWELLING UNIT AS A SINGLE FAMILY RESIDENCE BY NOT MORE THAN TWO PERSONS (WITHOUT SPECIAL PERMISSION OF THE BOARD OF TRUSTEES), AND RESTRICTIONS CONCERNING THE AGES OF OCCUPANTS.

THE UNDERSIGNED ACKNOWLEDGES THAT THE APPROVAL OF THE BOARD OF TRUSTEES WITH RESPECT TO THE APPLICANT'S PROPOSED OCCUPANCY OF PROPERTY IN HOLIDAY PARK IS CONDITIONED UPON THE UNDERSIGNED'S AGREEMENT TO ABIDE BY AND COMPLY WITH THE ABOVE-DESCRIBED RESTRICTIONS, CONDITIONS, COVENANTS AND OTHER PROVISIONS CONTAINED IN THE COMMUNITY DOCUMENTS AS PRESENTLY CONSTITUTED AND AS THE SAME MAY BE HERREAFTER AMENDED FROM TIME TO TIME.

UNDER PENALTY OF PERJURY, THE UNDERSIGNED DECLARED, SWEARS AND AFFIRMS THAT THE UNDERSIGNED HAS EXAMINED THE FOREGOING APPLICATION, AND TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

#### APPLICANT SIGNATURE(S) NEEDS TO BE WITNESSED/NOTARIZED BELOW:

| Signature of Applicant  | Date:  |
|---|--|
| Signature of Co-applicant   | Date:  |
| Witness's Signature   | STATE OF   |
|   | COUNTY OF  |
| The foregoing Certificate was acknowledged beforeby(Notary choose one) [ ] lis/are personally known | re me this day of, 20, who to me, or [ ] has produced  |
| identification.   |  |
|   | Signature of Notary Public   |
|   | Print name of Notary Public, affix seal and state Notary's commission number and expiration date |
|   | Date:  |
| Signature of Owner  |  |

# FOR USE BY THE BOARD OF TRUSTEES

| REVIEWED APPLICATION | ATION FOR ACCURAC  | Y AND COMPLETENESS.  |  |
|----------------------|--|--|--|
| COMMENTS:            |  |  |  |
|                      |  |  |  |
|                      | очена в него и не поченения выпада разписания не | (PAMITA SEA) O challenge (PAMITA SEA) (PAMIT | sumprominente sum en |
| REVIEWING TRUSTEES:  |  | Board Approval   |  |
| Signature            | Date   | Yes [ ] No [ ]   |  |
| Signature            | Date   | Yes [ ] No [ ]   |  |
| Signature            | Date   | Yes [ ] No [ ]   |  |