

Tamiami Master Association Single Applicant Application Guidelines

All persons residing in Tamiami Village & RV Park for more than 30 days, per year, or more are required to complete an application for residence **and be approved prior to taking occupancy**. Completing the application does not in itself grant residence into the community. The approval process may require a minimum of 30 days to process once all information and documentation is provided.

- Please enter Village address on application.
- Complete all personal information including but not limited to Social Security Number.
- Copy of legible driver's license or passport for each applicant. May present to office for copying.
- Each applicant must sign.

Background, Criminal and Credit Report Processing Time

U.S. Resident: 3-10 business days

Non-U.S. Resident: 5-14 business days

Non-Refundable Application Fee

Cash or check only

Legally Married Couple - \$100.00

Unmarried Couples/Common Law Couples or Individuals - \$100.00 per person

"EVERY PERSON DESIRING TO BECOME A RESIDENT IN THE COMMUNITY MUST FILL OUT AN APPLICATION FORM. The Manager will use the application which may include a credit report and/or background check to determine if the applicant is qualified to become a resident under these Community Rules and Regulations. The applicant must present with the application for copying in the office, documentation of the age of the proposed occupants of the manufactured home within the Community. Documentation will include one of the following: driver's license, birth certificate, passport, immigration card or documents containing a birth date of comparable reliability."

Per Tamiami Village Rules, Regulations and General Guidelines.

TAMIAMI MASTER ASSOCIATION SINGLE APPLICANT APPLICATION

Applicant's Last Name	First Name	Middle Int:	Suffix (Jr/Sr):
Village Address:	SS#:	Birth Date:	
Email Address:			
Applicant's Northern Address:	City & State:		Zip Code:
Northern Phone and Southern Phone:	Cell Phone:	Closing Date:	Move In Date:

Applicant's Current Address and dates of occupancy:	Name of Landlord or Association or Manager and phone number:
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PET:	Pet(s) name:
Type of Pet:	

Emergency Contact (Northern or #1):	Relationship:	Phone#:	
Street Address:	City:	State:	Zip Code:

Emergency Contact (Southern or #2):	Relationship:	Phone#:	
Street Address:	City:	State:	Zip Code:

EMPLOYMENT HISTORY

Are you retired? Yes () No ()

Are you self-employed? Yes () No () - List your company's name or last employer as applicable.

Employer:	From:	To:	
Address:	City:	State:	Zip:
Phone:			
Dept/Title:	Supervisor:	Monthly Income:	

If you would like us to consider other sources of income for this application, please list the amount and the person we may contact for confirmation. Please do not reveal alimony, child support, or anyone else's income unless you want us to consider it in this application.

Amount \$ _____

Contact name: _____

HAVE YOU BEEN CONVICTED OF A FELONY OR SEX CRIME? Yes ____ No ____

This is an application for residency. Completing the application does not in itself grant residency into the community. I hereby certify that the facts set forth in the above application are true and complete. I understand that if accepted, "falsified statements on this application" shall be considered cause for eviction and all other legal remedies permitted.

ARE YOU RELATED TO A CURRENT OWNER OR OCCUPANT IN TAMIAMI VILLAGE AND RV PARK? Yes ____
No ____ IF YES, INSERT NAME OF SAID OWNER/ OCCUPANT **AND** YOUR RELATIONSHIP:

You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigation or credit agencies or bureaus of your choice, based on the above information.

There is a \$100.00 application fee payable to Tamiami Master Association, Inc. to be submitted with this completed residency application.

IF A PROSPECTIVE OWNER OR OCCUPANT ATTEMPTS TO MOVE INTO A HOME PRIOR TO BOARD APPROVAL. SAID PARTY MAY BE SUBJECT TO EVICTION AND ALL OTHER REMEDIES PERMITTED AND THE APPLICATION MAY BE RENDERED NULL AND VOID.

By signing below "I hereby agree to abide by and follow the rules and regulations of the Community as set forth in its' governing documents."

This application, with all required information and enclosures, must be submitted 30 days prior to occupancy to allow for processing time.

I hereby apply for approval as an occupant due to purchase of property (or Certificate, if in Cooperative) at

_____. Closing date: _____

I am purchasing the property or Certificate in Cooperative with the intent of:

residing here full-time _____

residing here part-time _____

leasing the property to tenant(s) _____
(Tenant must also apply and be approved).

Signature of Applicant

Date Application Signed

Date Approved

Approved by

I _____, authorize Tamiami Master Association, Inc. to perform a criminal background check on me or to hire a screening firm to investigate my background. These actions may result in a report on my character, reputation, personal characteristics, and criminal history and will involve searching any state's sex offender database for my name. I agree to hold Tamiami Master Association, Inc. harmless if the results of this search include incorrect information. This authorization shall remain on file and shall serve as ongoing authorization for Tamiami Master Association, Inc. or its agent to procure updated reports during my residency.

Signature of Applicant

Date Application Signed

I _____, authorize Tamiami Master Association, Inc. to perform a credit report on me or to hire a screening firm to investigate my credit. I agree to hold Tamiami Master Association, Inc. harmless if the results of this search include incorrect information. This authorization shall remain on file and shall serve as ongoing authorization for Tamiami Master Association, Inc., or its agent to procure updated reports during my residency. I further authorize all banks, lenders, employers and creditors to provide Tamiami Master Association, Inc. any and all information concerning my credit.

Signature of Applicant

Date Application Signed

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN
COMPLIANCE WITH THE FCRA
(FAIR CREDIT REPORTING ACT)**

This authorization and consent for release of personal information acknowledges that **Tamiami Master Association** (Hereafter referred to as "Company") and/or its agent, C4 Operations LLC may now, or at any time renting from conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work rental history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records. I understand that these searches will be used to determine renting eligibility under the company's renting policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether occupancy was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations LLC, 1201 Edgewood Rd SW, Cedar Rapids, IA 52404** at telephone number (319) 491-6300. After reading this document, I fully understand its contents and authorize the background verification.

Signed this _____ day of _____, 20_____

Applicant (Print Name)

Applicant Signature

BACKGROUND SCREENING INFORMATION FORM

Basic Information

Legal First Name		Legal Middle Name	
Legal Last Name		Maiden and/or Other Name Used	
Email Address			
Date of Birth		Social Security Number	
Current Physical Address (No P.O. Boxes)			
City		State	Zip Code
The following are my responses to questions about my criminal record history (if any) with description to any questions with a YES answer.			
1. Have you ever been convicted or plead guilty before a court of any federal, state or municipal criminal offense? (Excluding minor traffic violations) YES NO If YES, please provide an explanation below:			
2. Have you ever received deferred adjudication or similar disposition for any federal, state, or municipal criminal offense? YES NO If Yes, please provide an explanation below:			
3. Have you ever received probation or community supervision for any federal, state, or municipal criminal offense? YES NO If YES, please provide an explanation below:			
4. Have you ever been arrested for molesting or abusing a minor? YES NO If YES, please provide an explanation below:			
5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO If YES, please provide an explanation below:			
6. As of the date of this authorization, do you have any pending criminal charges against you? YES NO If YES, please provide an explanation below:			
7. As of the date of this authorization, have you ever been evicted? YES NO If YES, please provide an explanation below:			

Address History Please provide a complete address history since age 18

Address	City/ State/Zip
County	Dates
Address	City/ State/Zip
County	Dates
Address	City/ State/Zip
County	Dates
Address	City/ State/Zip
County	Dates
Address	City/ State/Zip
County	Dates
Address	City/ State/Zip
County	Dates

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete, it is grounds for the cancelling of any or all offers of occupancy that may exist and may be used at the discretion of Tamiami Master Association, Inc.

Signed this _____ day of _____ 20_____

Applicant (Print Name)
Applicant Signature