

**Eagle Pointe Homeowners Association, Inc**  
**RESIDENTIAL APPLICATIONS**  
c/o MC Homes Realty, Inc  
1155 Pasadena Ave S Suite H, South Pasadena, FL 33707  
Phone 727-432-2181 / Fax 727-490-2938

**Application for Residency**

**An application is incomplete if it does not fulfill all the requirements.**

A complete application must include all applicable fees that are due, including processing fees:

Fee 1. Pay by check or money order payable to "MC Homes" or at:

[https://eaglepointe.hoamch.com/application\\_step-1.asp](https://eaglepointe.hoamch.com/application_step-1.asp)

1. Background Check Fee of: **\$65.00 (Non-Refundable)** for each applicant over 18 years old.

☐ **SALE**      ☐ **NEW LEASE**      ☐ **LEASE RENEWAL**

This Agreement is entered into as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, between **Eagle Pointe Homeowners Association, Inc** and \_\_\_\_\_ ("Owner/Tenant").

**IF SALE:** Closing Date: \_\_\_\_\_ **IF LEASE:** Lease Term START \_\_\_/\_\_\_/\_\_\_ END \_\_\_/\_\_\_/\_\_\_

Property Address to be Purchased/Leased \_\_\_\_\_

Unit Number: \_\_\_\_\_ Current Unit Owner Name: \_\_\_\_\_

**APPLICANT**

NAME: \_\_\_\_\_  
First Name Middle Name Last Name

CURRENT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

*Providing your email address authorizes the Board of Directors and MC Homes to provide notice of relative Association business and to deliver information to you by electronic transmission.*

DATE OF BIRTH:    I       I       DRIVER'S LICENSE NO. \_\_\_\_\_ STATE: \_\_\_\_\_

Owner Occupied:    \_\_\_ Yes                    \_\_\_ No  
                                 \_\_\_ Part-time                    \_\_\_ Full-time

If No, Mailing Address: \_\_\_\_\_

**If you have a spouse/roommate, please fill out the last page of the application with their information as well.**

**ADDITIONAL OCCUPANTS**

(if additional occupants are over 18 years of age, provide all information as requested for application)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PETS (No livestock, poultry, or commercial breeding)**

NAME: \_\_\_\_\_ TYPE: \_\_\_\_\_ BREED: \_\_\_\_\_

AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ COLOR: \_\_\_\_\_

NAME: \_\_\_\_\_ TYPE: \_\_\_\_\_ BREED: \_\_\_\_\_

AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ COLOR: \_\_\_\_\_

**AUTOMOBILE**

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

LICENSE TAG NUMBER: \_\_\_\_\_ STATE of TAG issue: \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

LICENSE TAG NUMBER: \_\_\_\_\_ STATE of TAG issue: \_\_\_\_\_

**NOTE ABOUT INCOMPLETE APPLICATIONS:**

All applications must be completed, incomplete applications submitted will not be processed. If the applicant fails to adhere to submit the full application package, the application will be considered automatically cancelled.

An application is incomplete if it does not include all required forms, fees, and documents, such as but not limited to, a lease or sales contract.

**PROCESSING FEES:**

1. **Background Check Fee of \$65.00 for each proposed occupant over 18 years old.**  
(to MC Homes Realty, Inc @ [https://eaglepointe.hoamch.com/application\\_step-1.asp](https://eaglepointe.hoamch.com/application_step-1.asp)).

**REQUIRED DOCUMENTS**

- A. For all applicants, a copy of your I.D.
- B. A sale contract or a lease agreement.
- C. As applicable: Current vaccination certificates and pictures of your pet. If you have a service dog, we will also need the proper documentation submitted.

If renewal of existing lease, an executed copy of the lease renewal must be submitted to the Association at least thirty (30) days before the commencement of the new lease term.

A background check, performed by the Association, is required for all applicants.

Current vaccination certificates required at interview for all pets, as applicable.

**THE APPLICANT HEREBY CONFIRMS COMPLETENESS AND ACCURACY OF THIS INFORMATION AND AFFIRMS THAT HE OR SHE HAS RECEIVED AND READ THE RULES AND REGULATIONS, AND AGREES TO ABIDE BY SAME. IF THE APPLICANT IS A PURCHASER, HE OR SHE ALSO CONFIRMS THAT THEY HAVE RECEIVED AND READ THE CONDOMINIUM GOVERNING DOCUMENTS AND AGREES TO ABIDE BY SAME.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Purchaser I Lessee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Spouse I Roommate

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I/ we, \_\_\_\_\_, prospective buyers/tenants property located at \_\_\_\_\_, Unit # \_\_\_\_\_ authorize "Association", to take the necessary steps to verify the information submitted by the above named applicant(s). The Applicant(s) represent to the Association that all the personal information provided for herein is true, accurate and complete to the best of the Applicant(s) knowledge. Applicant(s) further understand and agree that if any such information is not as represented, then Applicant(s) may, at the Association's sole discretion, be disqualified as an owner or tenant. Applicant(s) authorize the Association, agents or representatives to make any and all inquiries necessary to confirm given information, including but not limited to contacting present and past employers, landlords, credit bureaus, personal references, and any and all sources of information which the Association may deem necessary and appropriate. The undersigned acknowledges receipt of a copy of the RULES AND REGULATIONS for the Association and agrees to comply with the principles governing the management of the "Association".

**INITIAL BELOW**

- \_\_\_ I have read the Associations Rules and Regulations.
- \_\_\_ I fully understand that the unit can only be used for *residential* purposes.
- \_\_\_ I understand that only **(No livestock, poultry, or commercial breeding)**.
- \_\_\_ I understand that the unit may only be occupied by *only* those listed on the application.
- \_\_\_ I understand the maintenance and repair responsibility that is listed in the Governing Documents.

**Rental Unit:**

- \_\_\_ I understand that if I have a complaint, or issue concerning maintenance or otherwise in regards to my unit, I have to contact my landlord. Not the Association Management.
- \_\_\_ I understand that if a lease renewal is not submitted before the end of lease term, my information will be taken off the associations roster and I will no longer have access to the property (gate entry or security door entry) or notified of critical information.

\_\_\_\_\_  
Signature of Purchaser I Lessee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse / Roommate

\_\_\_\_\_  
Date

Applicant Approved/ Date: \_\_\_\_\_ Applicant Rejected/ Date: \_\_\_\_\_

\_\_\_\_\_  
Association Representative Name/Title

\_\_\_\_\_  
Association Representative Name/Title

\_\_\_\_\_  
Association Representative Signature      Date

\_\_\_\_\_  
Association Representative Signature      Date

## BUYER / TENANT INFORMATION FORM

THIS FORM MUST BE COMPLETED FOR ALL APPLICANTS OVER 18 YEARS OLD.

I, We \_\_\_\_\_ prospective  
tenant(s) / buyer(s) for the property located at \_\_\_\_\_

**Managed By:** MC Homes Realty, Inc,      **Owned By:** \_\_\_\_\_

Hereby allow MC Homes Realty, Inc and/ or the property owner/ manager to inquire into my/ our credit file, criminal, and rental history as well as any other personal record, to obtain information for use in processing of this application. I/ we understand that on my/ our credit file it will appear that MC Homes Realty has made an inquiry. I/ we cannot claim any invasion of privacy or any other claim that may arise against MC Homes Realty now or in the future.

### PLEASE PRINT CLEARLY

BUYER/ TENANT INFORMATION	SPOUSE / ROOMMATE
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED
FULL NAME: _____	FULL NAME: _____
SOCIAL SECURITY NUMBER: _____	SOCIAL SECURITY NUMBER: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
DRIVER'S LICENSE NO: _____	DRIVER'S LICENSE NO: _____
CURRENT ADDRESS: _____	CURRENT ADDRESS: _____
HOW LONG LIVING IN THIS ADDRESS: _____	HOW LONG LIVING IN THIS ADDRESS: _____
NAME OF LANDLORD: _____	NAME OF LANDLORD: _____
LANDLORD PHONE NUMBER: _____	LANDLORD PHONE NUMBER: _____
PREVIOUS ADDRESS: _____	PREVIOUS ADDRESS: _____
HOW LONG LIVING IN THIS ADDRESS: _____	HOW LONG LIVING IN THIS ADDRESS: _____
NAME OF LANDLORD: _____	NAME OF LANDLORD: _____
LANDLORD PHONE NUMBER: _____	LANDLORD PHONE NUMBER: _____
EMPLOYER: _____	EMPLOYER: _____
OCCUPATION: _____	OCCUPATION: _____
GROSS MONTHLY INCOME: _____	GROSS MONTHLY INCOME: _____
LENGTH OF EMPLOYMENT: _____	LENGTH OF EMPLOYMENT: _____
WORK PHONE NUMBER: _____	WORK PHONE NUMBER: _____
HAVE YOU EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES EXPLAIN: _____	IF YES EXPLAIN: _____
HAVE YOU EVER BEEN CONVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE: _____	SIGNATURE: _____
DATE: _____	DATE: _____

**IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.**

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS/PROPERTY MANAGERS/APARTMENT COMPLEXES/MOBILE HOME PARKS/CONDOMINIUM ASSOCIATIONS/EMPLOYERS