



Brookridge Property Owners, Inc. 7300 Brookridge Central Blvd. Brooksville, FL 34613
Phone: 352.596.0696 Fax 352.597.8174 www.brookridge.com

BROOKRIDGE RENTAL REGISTRATION FORM

I understand Brookridge Community is a 55 or above age restricted community.
At least one occupant must be the age of 55 or older. Initials _____

Owners Name _____ Phone# _____
Address _____

Tenants Full Name _____ Phone # _____

Drivers License # _____ State _____ Exp. _____

Previous Address _____ City _____ State _____ Zip _____

Previous Landlords Name _____ Phone # _____

Have you ever been convicted of or Plead Guilty to a Felony? [] Yes [] No

Vehicle Yr _____ Make _____ Model _____ State/License Plate # _____

Vehicle Yr _____ Make _____ Model _____ State/License Plate # _____

Number and Type of Pets _____ **(TWO PET LIMIT IN BROOKRIDGE)**

Rental Agreement Begins _____ and Ends on _____
Minimum 3 months – maximum 12 month terms

Total number of adults _____ Total number of children living with you under the age of 18 _____

Names and relations of all other applicants _____

I/WE HEREBY AGREE TO ABIDE BY THE BROOKRIDGE COMMUNITY PROPERTY OWNERS, INC., GOVERNING DOCUMENTS SPECIFICALLY INCLUDING WITHOUT LIMITATION, COVENANTS, CONDITIONS AND RESTRICTIONS, ARTICLES OF INCORPORATION AND BYLAWS, DEED RESTRICTIONS, ALL RULES AND REGULATIONS GOVERNING THIS COMMUNITY AND TERMS AND CONDITIONS SET FORTH HEREIN.

I UNDERSTAND THAT MY STAY IN THIS COMMUNITY MAY BE DENIED OR TERMINATED FOR VIOLATION OF THESE RULES OR PROVIDING FALSE INFORMATION ON THIS FORM.

SIGNATURE OF OWNER _____ DATED _____

SIGNATURE OF TENANT/LESSEE _____ DATED _____

SIGNATURE OF TENANT/LESSEE _____ DATED _____