

Brookridge Community Property Owners, Inc.
7300 Brookridge Central Blvd
Brooksville, FL 34613
(352) 596-0696 Fax (352) 597-8174

SCREENING APPLICATION

Neatly complete all information below. Each applicant over the age of 18 must complete and sign their own application.
All applicants must provide a photocopy of Drivers License or Identification Card (enlarged to 150% and in color).

Applicant _____ Phone # _____ DOB _____

Social Security # _____ Drivers License # _____ State _____ Exp. _____

Current Address _____ City _____ State _____ Zip _____

Non US Citizens Only Country _____ Province _____

Current or Previous Landlord Name _____ Phone _____

Current or Previous Address _____

How long at this address _____ Reason for leaving _____

Service Members Chapter No 2016:242 Effective 7/1/2016 All United States Armed Forces serving on active duty or State active duty and all members of the Florida National Guard and United States Reserve Forces must, within 7 days, be notified in writing of and approval or denial and if denied the reason for denial.

Active Military Service Member as defined above? Initial if yes _____ Date: _____

I understand, Brookridge is a single-family age restricted residential community, wherein each Owner's Parcel shall only be occupied for residential purposes by a single family, as defined under Article III, Section 12 - _____ initials

Total number of adults to reside at residence _____ No Children under 18 are permitted

Brookridge Community Property Owners, Inc. is a 55 or above age restricted community. I understand at least one occupant must be the age of 55 or older.

Applicant Signature _____ Date _____

I CERTIFY that the answers/information given herein is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for screening as may be necessary in arriving at a decision. I understand that BCPO may terminate any rental agreement entered into for any misrepresentation made.

Received from applicant (s) a non-refundable screening processing fee of **\$50 per person** over 18 years old.

Check # _____ Date _____

Make Check Payable to BCPO and return to above address.

BROOKRIDGE ACCOUNT#/UBL# _____

BROOKRIDGE PROPERTY ADDRESS: _____

BUYING RENTING LIVE-IN