

**CURLEW LANDINGS HOMEOWNERS ASSN.**

**Frankly Coastal Property Management, Inc.**

**1400 Lake Tarpon Ave**

**Tarpon Springs , FL 34688**

**727-799-0031 info@franklycoastal.com**

**PROPERTY PURCHASE AND MEMBERSHIP APPLICATION**

\*\*\*\*In order for an application to be considered, a completed form (filled out in its entirety) must be accompanied by a certified check or money order in the amount of \$150.00, plus a background check fee of \$50.00 for **each resident** over 18. Make all checks payable to the Curlew Landings Homeowners Association. **THIS IS A NON-REFUNDABLE PROCESSING FEE.**

Upon receipt of the completed background check, an appointment will be made by the Welcome Committee. **This meeting MUST be held BEFORE membership approval and closing can take place.** Please submit the application, processing fees, and required information no later than **15 days** prior to closing.

I (We) hereby apply for approval to purchase \_\_\_\_\_ in Curlew Landings HOA.

**A COPY OF THE PROPOSED PURCHASE CONTRACT AND PHOTO ID IS ATTACHED**

I (We) understand that if an incorrect SSN# is submitted I (we) will be subject to a second application fee.

I (We) am purchasing this unit with the intention to: (Please check box which applies)

Reside here on a full-time basis

Reside here part time

Lease the unit

I (we) understand that no unit shall be leased or rented for a period of less than 90 days in compliance with the City of Dunedin Zoning regulations.

I (we) are aware of and agree to abide by the Association Documents and Rules and Regulations of Curlew Landings.

I (we) acknowledge receipt of a copy of the Association 's By-Laws.

I (we) understand and agree that the Association, in the event it approves a lease, is authorized to act as the owners' agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by the tenant and their guests, of the provisions of the Documents and Rules and Guidelines of the Association.

**I understand my signed application authorizes a background check.**

Applicant(s) initials \_\_\_\_\_

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**PROPERTY PURCHASE AND MEMBERSHIP APPLICATION (continued)**

**PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION**

1. Full name of applicant: \_\_\_\_\_ ( )Single ( ) Married  
DOB \_\_\_ / \_\_\_ / \_\_\_ SS# \_\_\_\_\_ Driver's License # \_\_\_\_\_ ST \_\_\_\_\_  
Telephone: (home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_  
Employer \_\_\_\_\_  
Position held: \_\_\_\_\_

2. Full name of applicant \_\_\_\_\_ ( )Single ( ) Married  
DOB \_\_\_\_\_ SS# \_\_\_\_\_ Driver's License # \_\_\_\_\_ ST \_\_\_\_\_  
Telephone: (home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_  
Employer \_\_\_\_\_  
Position Held \_\_\_\_\_

3. Current Address: \_\_\_\_\_  
\_\_\_\_\_

4. List (3) personal references (local if possible):  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Person to be notified in case of emergency: \_\_\_\_\_  
Phone: \_\_\_\_\_

6. Make of Car: \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_  
Make of Car: \_\_\_\_\_ Year \_\_\_\_\_ License# \_\_\_\_\_

**Only two (2) vehicles allowed and CANNOT be parked on the street at any time. Use driveway, garage, or specific parking spot**

( ) Applicant(s) Initials \_\_\_\_\_

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**PROPERTY PURCHASE AND MEMBERSHIP APPLICATION** (continued)

7. Mailing address for billings and notices connected to this application, if other than current address.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

8. Have you ever been arrested? (  ) Yes (  ) No If yes, please provide details below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Pets: Maximum of 2 pets allowed. Dogs # \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_

Breed \_\_\_\_\_ Weight \_\_\_\_\_

Cats # \_\_\_\_\_ (Must remain INDOORS)

10. Does the property come with a dock boat slip? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, the **Title Company** must send an Estoppel Letter to CurlewLandingsDock@gmail.com

NOTE: Every new owner should receive a copy of the By-Laws from the former owners or they can obtain a duplicate copy from the Association.

\_\_\_\_\_  
Applicant Signature

Date

\_\_\_\_\_  
Applicant Signature

Date

(  ) Application Approved

(  ) Application Denied

\_\_\_\_\_  
Director's Signature

Date

**Attachment checklist:** Items below MUST be submitted in order for the application to be complete

(  ) Copy of your Purchase Contract (  ) Copy of Driver's License or Government issued picture ID for each occupant.

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**SCREENING RELEASE FORM  
NOTICE TO PURCHASER REGARDING BACKGROUND INVESTIGATION**

Notice is hereby given that “ \_\_\_\_\_ ” (“Requestor”) intends to instruct ALLSTAR BACKGROUNDS, a Consumer Reporting Agency, as defined by the Fair Credit Reporting Act (“FCRA”), to obtain information about you in the course of Requestor’s consideration of your application for PURCHASING. Thus you may be the subject of a “consumer report,” or possibly an investigative consumer report,” defined by the FCRA as a background report that includes information about one’s character, general reputation, personal characteristics and mode of living, and that might involve personal interviews with sources such as neighbors, friends or associates. Reports may include your Credit Report and reports may be obtained at any time after receipt of authorization and may be updated periodically if you remain an owner, as permitted by law. The scope of this notice and authorization is all-encompassing, allowing Requestor and its agent to obtain from any outside organization all types of consumer reports and investigative consumer reports now and throughout the course of your ownership, to the extent permitted by law.

**APPLICANT’S ACKNOWLEDGMENT AND AUTHORIZATION**

**By signing below, I acknowledge receipt of a “NOTICE REGARDING BACKGROUND INVESTIGATION” and “A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT”** and certify that I have read and understand both documents. Furthermore, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports at any time, as long as I remain an employee, volunteer or tenant of Requestor, to the extent permitted by law. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university, information service bureau, employer, drug screening firm, reference, landlord, and/or its record custodian, to furnish any and all background information sought by Requestor or by ALLSTAR BACKGROUNDS, acting on Requestor’s behalf. I agree that a photocopy or fax of this Authorization shall be as valid as the original.

I understand that I may contact ALLSTAR BACKGROUNDS to request a copy of any Consumer Report about me, if one is obtained by Requestor. I understand that I have the right, upon written request made within a reasonable time, to inquire about the nature and substance of the information about me contained in ALLSTAR BACKGROUNDS’s files. I understand that I have the right to inspect those files during regular business hours, having given reasonable notice and provided proper identification, and that I may be accompanied by one other person. I understand that I should direct such a request to ALLSTAR BACKGROUNDS, and that ALLSTAR BACKGROUNDS is required to make available to me someone who can explain the contents of my file.

By checking this box, \_\_\_\_\_ I indicate that I would like to receive a copy of any Investigative Consumer Report about me by email, if one is obtained by Requestor.

Your Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PRINT**

\_\_\_\_\_  
First Middle Last  
(As it appears on your Driver's License)

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY) (For identification purposes only)

\_\_\_\_\_  
Maiden Name/Any AKAs Social Security Number  
If you are from Canada please provide Canadian SIN (Social Insurance Number)

\_\_\_\_\_  
Canadian 9 digit SIN

**PLEASE PROVIDE 7 YEAR'S ADDRESS HISTORY**

\_\_\_\_\_  
Current Address City/State Zip Years/Months

\_\_\_\_\_  
Name of Current Landlord Phone/ Fax

\_\_\_\_\_  
Previous Address City/ State Zip Years/Months

\_\_\_\_\_  
Previous Address City/ State Zip Years/Months

**PLEASE PROVIDE CURRENT EMPLOYER INFORMATION**

\_\_\_\_\_  
Current Employer Address City/ State Zip

\_\_\_\_\_  
Start Date

**PURCHASER** Please return this completed, signed "**RELEASE**" page to:

\_\_\_\_\_ by email: \_\_\_\_\_

or by mail to:

**(FOR OFFICE USE ONLY)**

**Requestor:** Please sign on to your AllStar Backgrounds account to place your order  
If you need assistance please contact us 800-570-0546 or by email  
info@allstarbackgrounds.com