APPLICATION – BENEVA RIDGE ASSOCIATION, INC.

Miller Management Services 2848 Proctor Road Sarasota, FL 34231 Phone: 941-923-5811 Fax: 941-923-5036

(Application must be accompanied by a \$100 fee made payable to Beneva Ridge Association)

Beneva RidgeStreetAddress: 400 (Please print all ans		d Unit # _ neva Ridge does do c			_//	
APPLICANTBUYER or RENTER(circle or	ne)Gender: M	F TODA	AY'S DATE			
LAST NAME	FIRST	NAME	MIDDLE N	MIDDLE NAME		
SOCIAL SECURITY # DRI		'S LICENSE/ID #	STATE _			
BIRTH DATE WHER	E BORN					
MARITAL STATUS: SINGLE MA	ARRIED	DIVORCED	WIDOWED	SEPARAT	ED	
Email Address:						
CURRENT ADDRESS: RentalOwnedSingle Far	nily Home?	UNIT # YesNo	_CITY:	_STZIP		
PHONE #	MONTHLY REN	NT/MGT PAYMENT	DATE	MOVED IN/_	/	
Complex Name	MGR/0	OWNER NAME		PHONE		
REASON FOR MOVING						
PRIOR ADDRESS:SingleFami	le Home?	UNIT # _YesNo	CITY	ST	_ZIP	
Complex Name	MGR/0	OWNER NAME		PHONE		
MOVE IN DATE/ MOVE (OUT DATE/	/ MONTHLY	' RENT/MTG PAYME	NT		
PRESENT EMPLOYER		ADDRESS				
CITY/STATE/ZIP	WORK	PHONE ()	P	OSITION		
GROSS MONTHLY INCOME		HIRE DATE				
SUPERVISOR'S NAME AND PHONE #						
SPOUSE'S FULL NAME			SPOUSE'S SOCIAL SE	ECURITY #		
SPOUSE'S DRIVER'S LICENSE/ID # AND	STATE			BIRTH DATE	//_	
Email Address:						
SPOUSE'S PRESENT EMPLOYER		ADD	RESS			
CITY/STATE/ZIP	WORK PHONE ()					
POSITION	HIRE DAT	E/	_ GROSS MONTHLY	INCOME		
SUPERVISOR'S NAME AND PHONE #						

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	s: <u>4001 Beneva Road</u> int all answers neatly – Beneva Ridge o						
OTHER OCCUPANTS:							
NAME	RELATIONSH	HIP	_SEX	BIRTHDATE//			
NAME	RELATIONSH		_SEX	BIRTHDATE//			
VEHICLES:							
MAKE & COLOR	YEAR	LICENSE #	LICENSE #STATE				
MAKE & COLOR	YEAR	LICENSE # _		STATE			
Only owners may have two (the unit. TENANTS MAY NO Check only if applicable:		wenty five(25) poun	ds at mat	urity or two (2) indoor cats kept in			
BROKEN A RENTAL AGE DECLARED BANKRUPTO BEEN SUED FOR RENT BEEN CHARGED, DETAI DEFERRED ADJUDICAT	CY?	R SEX CRIME THAT V SUPERVISION OR PR	VAS RESO ETRIAL DI	OLVED BY CONVICTION, PROBATION			
IF NONE OF THE ABOVE IS CH	HECKED, YOU ARE DECLARING THAT N	IONE APPLY	_YES	NO			
EMERGENCY CONTACT (Some	eone over 18 not living with you)						
NAME							
ADDRESS	C	CITY/STATE/ZIP					
WORK PHONE	HOME PHONE		CELL PHC	DNE			
AUTHORIZE BENEVA RIDGE A	DECLARE THAT ALL INFORMATION GI' SSOCIATION, INC. TO PERFORM CRED N USING THE FOLLOWING NATIONAL	IT AND BACKGROUN	ID CHECK	(S TO VERIFY THE ACCURACY OF			
	APP VERIFICATION	N SERVICES,	INC.				
APPLICANT'S SIGNATURE				DATE/			
SPOUSE'S SIGNATURE				DATE/			

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Beneva Ridge St. Address: 4001 Beneva Road Unit # ____ Move In/Closing Date ___/__/___

(Please print all answers neatly – Beneva Ridge does do credit/background checks)

THIS SECTION TO BE COMPLETED BY PROSPECTIVE OWNER/TENANT

APPLICANT'S ACKNOWLEDGEMENT I hereby agree that the foregoing is correct and if this application is approved, I, and all adult persons occupying the unit will carefully read, and all occupants will fully comply, with the Declaration, By Laws and Rules and Regulations of Beneva Ridge Association, Inc. PRINTED NAME ______ PHONE ______ APPLICANT'S SIGNATURE ______ PHONE ______ PRINTED NAME ______ PHONE ______ APPLICANT'S SIGNATURE ______ PHONE ______ APPLICANT'S SIGNATURE ______ PHONE ______ APPLICANT'S SIGNATURE ______ DATE ___/____ EMAIL ______ (Application must be accompanied by a \$100 fee made payable to Beneva Ridge Association) BENEVA RIDGE BOARD OF DIRECTOR'S ACTION Application: Approved ______ Rejected _______ Date ___/___/___ Name ______ Position _______