

OASIS HOME OWNERS INC
DOCUMENTS NEEDED FROM NEW TENANTS

- _____ Driver's License OR State ID (copy for each owner)
- _____ Application to Reside
- _____ Background check
- _____ Signed agreement stating Rules, Regulations and Prospectus
have been read and agreed upon
- _____ Email and Phone # opt in/out form
- _____ Emergency Contact Information sheet

Updated
11/12/2019

APPLICATION TO RESIDE FORM
OASIS HOME OWNERS, INC
12766 Seminole Blvd., Largo FL 33778
Phone: 727-581-4288

Please complete one application for each person. **All information must be completed, or your application will be denied.** You will also be required to present **2** pieces of identification for verification purposes. **Oasis Mobile Home Park is a 55 Plus Resident Owned Community.**

Date Premises Required: _____ Unit #: _____

Screening Fee: \$100.00 non-refundable fee must accompany this application made payable to Oasis Mobile Home Park. Certified check, money order or cash accepted.

Last Name: _____ First Name: _____ Middle Name: _____

Date Of Birth: _____ Social Security Number: _____

Driver's License #: _____ State: _____ Expires: _____

Current Address:

Street: _____ City/State/Zip Code: _____

Phone Number: _____ Email Address: _____

How Long Residing at current Address: _____ Rent/Mortgage Amount: _____

Landlord's Name: _____ Landlord's Phone Number: _____

Address for previous 5 years:

Dates: _____ Street: _____ City/State/Zip Code: _____

Dates: _____ Street: _____ City/State/Zip Code: _____

Dates: _____ Street: _____ City/State/Zip Code: _____

Dates: _____ Street: _____ City/State/Zip Code: _____

Dates: _____ Street: _____ City/State/Zip Code: _____

Current Employer: _____ Phone Number: _____

Occupation: _____ How Long: _____ Salary or Annual Income: _____

Previous Employer: _____ Phone Number: _____ How Long: _____

Personal References (list 2 personal references not related to you)

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

Have you ever been evicted as a tenant? Yes _____ No _____ If yes, why? _____

Number of adults to occupy this unit? _____ Ages: _____

Do you have any Pets? Service Dog: _____ Cats: _____

In Case of an Emergency, please notify: _____ Phone Number: _____

Street: _____ City: _____ State: _____

TENANCY WILL BE DENIED if you misrepresent any information on the application. If misrepresentation are found after rental agreement is signed, your rental agreement will be terminated.

I/We hereby allow Oasis Board/Management 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 cannot claim any invasion of privacy or any other claim that may arise against Oasis Board/Management now or in the future.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Board Member Approval (Requires 4 yes Votes)

_____ Yes/No _____ Yes/No

_____ Yes/No _____ Yes/No

_____ Yes/No _____ Yes/No

_____ Yes/No _____ Yes/No

Approved/Denied: _____ Date: _____

CUSTOMER NUMBER 2325 - AMERI-TECH

PROPERTY / ASSOCIATION - _____

BACKGROUND INFORMATION FORM

DATE: _____

I / We _____, prospective
tenant(s) / buyer(s) for the property located at _____,
Managed By: _____ Owned By: _____

Hereby allow TENANT CHECK 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 the TENANT CHECK has made an inquiry.
I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK now or in the future.

PLEASE PRINT CLEARLY

<u>INFORMATION:</u>		<u>SPOUSE / ROOMMATE:</u>	
SINGLE _____	MARRIED _____	SINGLE _____	MARRIED _____
SOCIAL SECURITY #: _____		SOCIAL SECURITY #: _____	
FULL NAME: _____		FULL NAME: _____	
DATE OF BIRTH: _____		DATE OF BIRTH: _____	
DRIVER LICENSE #: _____		DRIVER LICENSE #: _____	
CURRENT ADDRESS: _____ HOW LONG? _____		CURRENT ADDRESS: _____ HOW LONG? _____	
LANDLORD & PHONE: _____		LANDLORD & PHONE: _____	
PREVIOUS ADDRESS: _____ HOW LONG? _____		PREVIOUS ADDRESS: _____ HOW LONG? _____	
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? (CIRCLE ONE) YES NO		HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES NO	
HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES NO		HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES NO	
SIGNATURE: _____		SIGNATURE: _____	
PHONE NUMBER: _____		PHONE NUMBER: _____	

TENANT CHECK HOURS OF OPERATION:
MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.
SATURDAY : 11:00 a.m. - 4:00 p.m.
ALL ORDERS RECEIVED AFTER 5:00 p.m. (3:30 p.m. on Sat.) WILL BE PROCESSED THE
NEXT BUSINESS DAY

TENANT CHECK FAX #: (727) 942-6843

**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**

Oasis Home Owners', Inc.

12766 Seminole Blvd.

Largo, FL 33778

TELEPHONE: (727) 581-4288

DATE: _____ UNIT NUMBER: _____

**I HEREBY ACKNOWLEDGE THAT I/WE HAVE RECEIVED A COPY OF THE
RULES AND REGULATIONS AND/OR PROSPECTUS.**

SIGNATURE OF RESIDENT: _____

SIGNATURE OF RESIDENT: _____

**SIGNATURE OF MANAGEMENT; _____
(MANAGER OR DIRECTOR)**

2-2000mng

I, (Print) _____, of Unit # _____ elect to
receive all correspondence and legal notices from Oasis Home Owners, Inc. by electronic
transmission at the following email address:

Signature _____ Date _____

RETURN TO OASIS BY MAIL OR IN PERSON
Cut along dotted lines to separate your options above & below.

OASIS HOME OWNERS INC
EMERGENCY CONTACT INFORMATION

UNIT _____

Please complete the form below by **PRINTING** the required information, **sign & date** and put the completed form in the office mail slot.

HOMEOWNERS/TENANTS NAME _____

Resident Address _____ **Unit** _____

Mailing Address (if different) _____

Home Telephone Number _____

Work Telephone Number _____ **Cell Phone** _____

Email _____

NEAREST CONTACT IN CASE OF EMERGENCY: DOES OFFICE HAVE A KEY? Neighbor with a key?

Name _____ **Phone** _____

Mailing Address _____ **Unit** _____

NEAREST FAMILY MEMBER (in case of emergency)

Name _____ **Phone** _____

Mailing Address _____

Number of Person(s) occupying unit

Adults(s) _____

Male _____ **Female** _____

Number of Pets (and type)

Dogs _____ **Cats** _____

Vehicle(s) Make/Yr- Model /Color/ Tag Number

OWNERS/TENANT SIGNATURE

DATE

Updated

1/8/2020

OASIS HOME OWNERS INC
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