

BRADEN CASTLE ASSOCIATION, INC.

We invite you to complete the following application to start the process of entry into our professionally managed communities. We endorse the Fair Housing Act and qualify each application equally. We value every person: regardless of their race, color, religion, national origin, age, disability, genetics or genetic information, familial status, gender identity or expression, or veteran status. We use a national agency to consistently qualify potential customers using a written guideline including credit reports, criminal background checks and public records available. We Thank You for the opportunity to serve you.

Price paid for home: \$	Sales Agent :	Lot #	Rent \$
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Personal Information

Applicants Last Name		Applicants First		Middle	Jr/Sr
Birth Date	Social Security	Drivers License/State		Marital Status M S D	
Co-Applicants Last Name		Co Applicants First		Middle	Jr/Sr
Co-App Birth Date	Co-App Social Security	Co-App Drivers License/State		Co-App Marital Status M S D	
Present/Northern Address		City	State	Zip Code	How Long?
Phone # ()		Cell Phone # ()		email address	
Prior Address		City	State	Zip Code	How Long?

Employment Information

Applicants Current Employer		Street Address		City	State
Zip Code	Business Phone	Position		Monthly Gross	How Long?
Co-Applicants Current Employer		Street Address		City	State
Zip Code	Business Phone	Position		Monthly Gross	How Long?

Additional Information

Additional Monthly Gross Income \$ _____ Explain:		Auto: Make, Model		Year	Tag #
# of Pets	Size of Pets	Auto #2 : Make, Model		Year	Tag #
Additional Occupant		Relationship	Birthdate	Current Landlord or Mortgage Company Name: Address:	
Additional Occupant		Relationship	Birthdate	Phone #:	
Additional Occupant		Relationship	Birthdate	Current Rent or Mtg / Monthly Pymt : \$	
Mortgage Co. for Manufactured Home		Address of Mortgage Company		Phone #	
Make of Home	Serial # of Home	Loan #	Pymt Amt \$	Names on Loan	
Emergency Contact		Relationship		Phone #	
Street Address		City	State	Zip Code	

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD BEEN CONVICTED OF A FELONY OR SEX CRIME?

YES _____ NO _____ If YES, Please explain _____

This is an application for residency, completing the application does not in itself grant residency into the community. I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that if accepted, falsified statements on this application shall be considered cause for eviction. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigation or credit agencies or bureaus of your choice, based on the above information.



SIGNATURE OF APPLICANT

APPLICATION DATE

SIGNATURE OF CO-APPLICANT

APPROVED BY

APPROVAL DATE

Braden Castle Association, Inc.

1 Office Drive
Bradenton, Fl. 34208
(941-746-7700)

55+ Survey and Age Verification Form

Resident _____
Last First Age

Resident _____
Last First Age

Street Address in Park _____

Local Phone or Cell Phone _____

Northern Address (Give Street Address as well as P.O. Box):

Street Address _____ P.O. Box _____

City _____ State _____ Zip Code _____

Northern Phone # _____

All new residents of Braden Castle must apply for admission with park management and qualify for entry into Braden Castle. Braden Castle is a Retirement Community limiting its occupancy to persons fifty-five (55) years of age or older.

Signature of Resident **Date**

Signature of Spouse/Co-occupant **Date**

Please attach photocopies of driver license(s), birth certificate(s), state identification card(s) or passports(s) for owners as well as tenant(s)