

# Holiday Manor

1185 Henderson Creek Drive, Naples, FL 34114

Phone: (239) 774-4474

Fax: (239) 774-0421

Email: [holidaymanor@outlook.com](mailto:holidaymanor@outlook.com)

<http://holidaymanor.mycommunitysite.app>

## PLEASE SELECT ONE:

RENTING

☐

PURCHASING

☐

VISITING

☐

**55 + COMMUNITY / NO PETS ALLOWED**

## **APPLICATION FOR RESIDENCY**

(No occupancy allowed until approved)

This application is for those staying **MORE THAN thirty (30) days** and must be submitted along with a non-refundable processing fee of \$100.00 to Holiday Manor for up to two people. Additional residents will need to submit an additional application. A copy of each applicant's driver's license or proper PHOTO IDENTIFICATION. You MUST sign in upon arriving and sign out before departure at either of the designated areas. If ANY part of this application is incomplete, the application will automatically be denied. Units are for residence only. No business will be conducted within the unit. **PROCESSING FEE MUST BE PAID BY CASH, CHECK, OR MONEY ORDER, PAYABLE TO HOLIDAY MANOR.** **If bringing your own structure to reside in, please provide photo of structure with application.**

The "Application for Residency" is valid for eighteen (18) months, so long as you've been in the Park within that timeframe. If it has been longer than eighteen (18) months, the application becomes null and void and a new application will be required. Only one application is allowed in an eighteen (18) month period.

Address of Site: \_\_\_\_\_ Unit Owner's Name: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

Applicant's Current Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Active Military: \_\_\_\_\_

### **List previous residences/landlords for past five years:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Spouse and/or other Occupant's name(s) who will be staying in the unit**

2<sup>nd</sup> Applicant's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Applicant's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Email (must be different than 1<sup>st</sup> applicant): \_\_\_\_\_ Active Military: \_\_\_\_\_

Have you ever been evicted from a residence? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you been convicted of a crime? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If renting/residing, length of stay: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Have you rented in the park before? \_\_\_\_\_

If yes, owner's name: \_\_\_\_\_ Address: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Indicate the type of unit for residency at Holiday Manor Co-Op (Check One):

RV: \_\_\_\_\_ Trailer: \_\_\_\_\_ 5<sup>th</sup> Wheel: \_\_\_\_\_ Truck Camper: \_\_\_\_\_ Existing Structure: \_\_\_\_\_

Unit Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Dimensions(with slide outs): \_\_\_\_\_

### Personal References:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

### Cars: No more than driveway will accommodate:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

### Boat (Please see Rules & Regulations):

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

### Motorcycle (Please see Rules & Regulations):

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

**Holiday Manor Co-Op, Inc. or its representative(s) are NOT required to explain and/or give reason(s) for any applicant that may be rejected.**

I have received and read a copy of the Holiday Manor Co-Op's Rules and Regulations and Use Restrictions, along with this application. I understand these Rules, Regulations, and Use Restrictions and agree to abide by them during my residence at Holiday Manor Co-Op. If this application is not completed in its entirety, I understand that my application will automatically be denied. I understand that I am required to make the Holiday Manor office aware of any changes including, but not limited to, phone numbers, emails, arrival and/or departure dates. **Your signature verifies your information is accurate. Any falsifications result in automatic denial.** *\*\*\*If there are any outstanding debt(s) due to Holiday Manor, they must be paid before the new terms of agreement. If any alterations are made to the lot which encroach on another lot, those alternations must be removed prior to sale. \*\*\**

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

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

**Important – to be completed by employer or recruiter**

1. Photocopy **1 piece** of identification, ID must be government issued with candidate's picture and signature.
2. Scan these pages and Email to [support@verifyssi.com](mailto:support@verifyssi.com) or Fax to 305-521-1994
3. When photocopying ID, ensure it is clear and can be read.

<b>Services Ordered:</b>	<b>Credit Bureau Inquiry</b>	<b>X</b>
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### Identification Verification of employee by employer or recruiter

# Verify Screening Solutions Company

**Verify Screening Solutions Inc.**

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**Client Code/Name/Location**

support@verifyssi.com  
Manager's Email Address

David

---

**Manager's First Name**

Cifuentes

---

Last Name

X David Cifuentes  
Manager's Signature

### Candidate Consent

Candidate First Name

Middle Name

Last Name

**Maiden Name(s) / Alias (Other Names)**

Birth Date \_\_\_\_\_  
Month Day Year

Gender M ☐ F ☐

**Social Insurance Number (SIN)** \_\_\_\_\_

Present Address (street name, number, city, province, postal code)

Telephone \_\_\_\_\_

Previous Address (if present address is less than 5 years)

Place of Birth (Town, Prov., Country or Hospital)

Email Address

In connection with my application for employment with Verify Screening Solutions I understand that background check process includes a Canadian credit bureau inquiry with retrieval of information from a major Canadian credit bureau. I hereby consent to a Canadian credit bureau inquiry on behalf of Verify Screening Solutions which will include information about me, including any previous bankruptcies, legal proceedings, collection actions, negative banking items and other information reported by my creditors and I hereby authorize any public or private institution to provide and release Triton information related to my credit record. I authorize Triton to release all personal information obtained during the above Canadian credit bureau inquiry to Verify Screening Solutions and hold harmless TRITON upon the release of this information or its findings to Verify Screening Solutions.

X \_\_\_\_\_  
Candidate's Signature Authorizing Credit Bureau Inquiry

Date \_\_\_\_\_

**Important – to be completed by employer or recruiter**

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**Services Ordered:**    Credit Bureau Inquiry ☒
**Identification Verification of employee by employer or recruiter**
**Verify Screening Solutions**

Company

Verify Screening Solutions Inc.

Client Code/Name/Location

[support@verifyssi.com](mailto:support@verifyssi.com)

Manager's Email Address

David

Manager's First Name

Cifuentes

Last Name

X David Cifuentes

Manager's Signature

**Candidate Consent**

Candidate First Name

Middle Name

Last Name

Maiden Name(s) / Alias (Other Names)

Birth Date

Month

Day

Year

Gender M

☐

F

☐

Social Insurance Number (SIN)

Present Address (street name, number, city, province, postal code)

Telephone

Previous Address (if present address is less than 5 years)

Place of Birth (Town, Prov., Country or Hospital)

Email Address

In connection with my application for employment with Verify Screening Solutions I understand that background check process includes a Canadian credit bureau inquiry with retrieval of information from a major Canadian credit bureau. I hereby consent to a Canadian credit bureau inquiry on behalf of Verify Screening Solutions which will include information about me, including any previous bankruptcies, legal proceedings, collection actions, negative banking items and other information reported by my creditors and I hereby authorize any public or private institution to provide and release Triton information related to my credit record. I authorize Triton to release all personal information obtained during the above Canadian credit bureau inquiry to Verify Screening Solutions and hold harmless TRITON upon the release of this information or its findings to Verify Screening Solutions.

X

Candidate's Signature Authorizing Credit Bureau Inquiry

Date



# Holiday Manor Co-Op, Inc.

1185 Henderson Creek Drive

Naples, FL 34114-8718

A Mobile & RV Senior Community: Age 55+

Resident Owned


Phone: (239) 774-4474


Fax: (239) 774-0421


E-Mail: [holidaymanor@outlook.com](mailto:holidaymanor@outlook.com)


Web Site: [holidaymanor.mycommunitysite.app](http://holidaymanor.mycommunitysite.app)


## **QUALIFICATIONS FOR APPROVAL PROCESS OF EACH APPLICANT**


 One applicant must be 55 years old and the other applicant not less than 45 years old.

 Application must be fully completed by the person applying for residency.


 All applicants MUST have a credit score of 700 or higher.

 No serious Misdemeanors, Felonies, registered sex offenders or evictions.


 Social security number required.

 Individual email AND phone number required for EACH applicant.


## **PET POLICY**

 No pets are allowed in the park. Holiday Manor Co-Op follows the American Disabilities Act and Fair Housing Act.

## **APPLICATION FEES & PROCESS**


 \$100 Non-Refundable application fee per application (up to 2 people per application).


 A minimum of 20 days processing time is required prior to the start of any lease or sale closing.


 A copy of each applicant's driver's license or government issued photo identification is required with the application.

 If renting/buying an RV space, a photo of your RV and its dimensions must be submitted with your application.

## **ADDITIONAL INFORMATION**

 Membership includes trash collection, electric, water, sewer, and lawn mowing.

 Rentals from Park Owned lots include electric, water, sewer, trash collection and lawn mowing.

 Free Wi-Fi in Recreation Hall & Laundry Room.



## **Holiday Manor Co-Op, Inc. Screening for Residency Policy**

**Policy Statement:** The Board of Directors of Holiday Manor Co-Op Incorporated is committed to ensure fair practices of screening applicants for qualification for residency at Holiday Manor.

### **Principles:**

1. Anyone renting or buying in Holiday Manor Co-Op, Inc. for a period of thirty (30) days or more in a calendar year must complete the "Application for Residency", pay the current application fee, and be approved by the Board appointed Screening Committee prior to taking residence in Holiday Manor Co-Op, Inc.
2. Anyone residing as a guest in Holiday Manor Co-Op Inc. for a period of thirty (30) days or more in a calendar year must complete the "Application for Residency", pay the current application fee, and be approved by the Board appointed Screening Committee prior to taking residence in Holiday Manor Co-Op, Inc.
3. The "Application for Residency" is valid for eighteen (18) months. If the applicant does not reside within eighteen (18) months, the application becomes null and void and a new application will be required.  
Only one application is allowed in an eighteen (18) month period.
4. If the application is not fully completed it will not be processed and will be returned to the applicant along with the application fee.
5. The screening process for qualifying the applicant shall be completed within ten to fourteen (10-14) days.

### **Screening Criteria Used to Approve/Disapprove Applicants for Residency**

1. **Age Test:** One applicant must be fifty-five (55) years old, and the joint applicant must be no less than forty-five (45) years old.
2. **Character Test:**
  - a. Employers. Verify employment and the length of employment.
  - b. Previous address. Previous address must match the background report.
3. **Credit Report:** The credit score must be 700 or higher for all applicants.
4. **Background Check:** Applicants will be unapproved for the following reasons:

- a. The person(s) seeking approval has been convicted, pleaded guilty or no contest to a felony involving violence to persons, theft, arson, or destruction of property within the past (20) twenty years.
  - b. A felony demonstrating dishonest or moral turpitude within the past (10) years; or
  - c. A felony involving illegal drugs within the past (10) years; or
  - d. Any other felony in the past five (5) years; or
  - e. A felony involving sexual battery, sexual abuse, or lewd and lascivious behavior regardless of when the conviction occurred.
  - f. The person seeking approval has been labeled a sexual offender or a sexual predator by any government or quasi-government agency regardless of when that conviction occurred.
  - g. The person seeking approval has a history of disruptive behavior or disregard of the rights of property of others as evidenced by his/her conduct in other housing facilities, associations, or social organizations or by his/her conduct in this Cooperative as a sub lessee, occupant, or guest.
  - h. The person seeking approval is currently on probation or community control.
  - i. The person seeking approval has a record of financial irresponsibility including without limitation prior bankruptcies, foreclosures, or bad debts.
  - j. The Member subletting to the applicant has had HMCI fines and/or violations assessed against him or her which have not been settled or paid in full.
- 5. The applicant will be denied if the information on the application is falsified and/or the applicant is in violation of the Cooperative Documents.
  - 6. An applicant taking possession of the premises prior to approval by the Cooperative shall constitute a presumption that the applicant's conduct is inconsistent with the Cooperative Documents and may constitute grounds for denial.