

STW Spanish Trails West Homeowners Association Inc.

7142 Piscina Street • Zephyrhills, FL 33541 Phone (813) 780-7559 • Fax (813) 783-1672 •

www.spanishtrailswestcommunity.com

ALL potential buyers MUST be pre-approved. We are a 55+ park. At least one household member MUST be 55 or over NO EXCEPTIONS are made to these rules.

Buyer Info

Attached are the following:

- STW Realty Checklist — This is the form we' use to make sure we have all documentation for each applicant. Please use this as a guide.
- Credit Check Authorization form
- Background Check Authorization form
- Information Sheet
- Rules & Regulations Certification
- Rules & Regulations

Please fill out forms and return them to the office along with payment for the running of credit/background checks. Please allow at least one week turnaround time.

Background & Credit Check

- One Credit check authorization form needed for each individual wanting to purchase (Maximum 2). Cost: \$25/ea
- One Background check authorization form needed for each person planning to live in the property (Maximum 2). Cost: \$25/ea
- Submit a legible color copy of each applicant's driver's license, or state issued id. Note: Checks should be made payable to Spanish Trails West, HOA. Inc.

Information Sheet

- Applicant(s) to fill out and return information form.

Pets

- Submit paperwork from vet for each pet. Vet info needs to state: name, weight ≤ 70 lbs., and breed of pet, and show it has its rabies vaccination certification.
- Submit color picture of each pet.
- Is pet a service or emotional support/comfort animal? If yes, submit documentation

Rules & Regulations

- Return signed form acknowledging receipt of Rules & Regulations prior to sale.
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What happens after we receive the above information and funds?

- We send background and credit check authorizations off for verification.
- HOA Realty Board member contacts applicant(s)
- Applicant is either approved or rejected.

CONSUMER CREDIT DISCLOSURE FORM
Owners/Tenants

This disclosure is made pursuant of Section 604 of the Consumer Credit Report Act of 1996. Spanish Trails West Homeowner's Association, Inc. reserves the right to obtain and from time to time will obtain consumer credit reports for tenant screening purposes only. Spanish Trails West Homeowner's Association acknowledges that before taking any adverse action based in whole or in part on the consumer report, Spanish Trails West Homeowner's Association, Inc. will provide a copy of the report and a description of your rights as prescribed by Federal Trade Commission under Section 609.

Undersigned hereby authorizes the procurement of such a report for tenant screening purposes only and hereby provides the following information to aid in the procurement of said report. Undersigned hereby expressly releases Spanish Trails West Homeowner's Association, Inc. and any person, association, firm or corporation furnishing Spanish Trails West Homeowner's Association, Inc. with such information from any claims, causes of action or damages that may have or purport to have arisen by reason of having disclosed or furnished such information, the provision of any law to the contrary being hereby expressly waived.

(PLEASE USE BLACK INK ONLY)

Acknowledged and agreed to this ____ day of _____, 20__

Applicant Signature

Social Security Number

Printed Full Name

Date of birth

Home Address

City/State/Zip

BACKGROUND INVESTIGATIVE AUTHORIZATION

Owners/Tenants

I understand that Spanish Trails West Homeowner's Association, Inc. reserves the right to conduct background investigations concerning tenants. I further understand such background investigations may be updated periodically if I become a tenant of Spanish Trails West Homeowner's Association. I understand background investigations on me will include gathering information from law enforcement agencies and/or criminal record searches.

I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of an investigative report obtained pursuant to this authorization. I understand that I may request the name and address of the reporting agency furnishing such a report. I also understand that Spanish Trails West Homeowners Association, Inc. is not responsible by law nor is it obligated in any way to provide me a copy of any report or to disclose to me the content of any report it receives from any reporting agency. If I desire a copy of any such report, it is my responsibility to obtain a copy at my expense from the reporting agency.

I do hereby expressly release Spanish Trails West Homeowner's Association, Inc. and its employees and any person, association, firm or corporation furnishing Spanish Trails West Homeowner's Association, Inc. with any information concerning me or my affairs from any claims, cause of action or damages that may have or purport to have arisen by reason of having disclosed or furnished any information concerning me or my affairs, the provision of any law to the contrary being hereby expressly waived.

(PLEASE USE BLACK INK ONLY)

Acknowledged and agreed to this ____ day of _____, 20__

Signature

Social Security Number

Print Name

Date of birth

Sex

Race

Street Address

City / State / Zip

INFORMATION / EMERGENCY INFORMATION

SPANISH TRAILS WEST HOME OWNERS' ASSOCIATION, INC.

PLEASE PRINT: TODAY'S DATE: _____

NAME(S): _____ LOT#: _____

STREET ADDRESS: _____ ZEPHYRHILLS, FL 33541

HOME PHONE: (____) _____ CELL: (____) _____

BIRTHDAY/HIS: _____ HERS: _____ ANNIVERSARY: _____ PETS: _____

ORIGINALLY FROM: _____ E-MAIL: _____

NORTHERN ADDRESS & PHONE NUMBER:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ CELL: (____) _____

NEXT OF KIN OR PERSON TO CONTACT IN EMERGENCY:

(1) NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ CELL: (____) _____

(2) NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ CELL: (____) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS TO HELP OUR WELCOMING COMMITTEE INTRODUCE YOU TO OUR "PARK FAMILY" THROUGH OUR MONTHLY NEWSLETTER.

WHAT ATTRACTED YOU TO OUR PARK: _____

YOUR HOBBIES AND SPECIAL INTERESTS:

HIS: _____

HERS: _____

PRESENT / PRIOR OCCUPATION, HOW LONG RETIRED:

HIS: _____

HERS: _____

SIBLINGS: _____ CHILDREN: _____ GRANDCHILDREN: _____

GREAT-GRANDCHILDREN: _____ PETS: _____

OTHER INFORMATION YOU WISH TO SHARE:



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**OWNERS
RULES AND REGULATIONS CERTIFICATION**

I/WE HEREBY CERTIFY THAT I/WE HAVE READ THE SPANISH TRAILS WEST RULES AND REGULATIONS, THAT I/WE UNDERSTAND THEM, AND AGREE TO ABIDE BY THEM.

OWNER(S):

Print Name

Signature of Owner

Print Name

Signature of Owner

Address

Lot #

Date

WITNESSED BY:

Print Name

Signature

Title

Date



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**NON-SHAREHOLDER
RULES AND REGULATIONS CERTIFICATION**

I/WE HEREBY CERTIFY THAT I/WE HAVE READ THE REVISED SPANISH TRAILS WEST RULES AND REGULATIONS, THAT BECOME EFFECTIVE MARCH 1, 2021, THAT I/WE UNDERSTAND THEM, AND AGREE TO ABIDE BY THEM.

NON-SHAREHOLDER(S):

Print Name

Signature

Print Name

Signature

Address

Lot #

Phone #

Date

******Please return to the office no later than February 1, 2021******