



8196 Sebring Dr., Sebring, FL 33870

Office: 863-385-0981 Fax: 863-385-4962 Email: [frontdesk@francisone.com](mailto:frontdesk@francisone.com)

**This is an age restricted community 55+**

Residency Application

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: (First, Middle, Last) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security#: \_\_\_\_-\_\_\_\_-\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email Address \_\_\_\_\_

Current Residence Status: (Circle One) OWN or RENT How Long: \_\_\_\_\_

If Renting Landlord & Contact Info: \_\_\_\_\_

Previous Address: \_\_\_\_\_

How Long: \_\_\_\_\_

**All Applicants MUST Provide a Copy of Their Driver License or Photo ID**

Driver's License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

How many persons will be living in this unit? Adults \_\_\_\_\_ (Maximum 2)

How many pets will be living in this unit? Pets \_\_\_\_\_ (Maximum 2)

Pet Type: (Circle One) Dog Cat Bird

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Breed of Pet: \_\_\_\_\_

Breed of Pet: \_\_\_\_\_

Weight of Pet: \_\_\_\_\_

Weight of Pet: \_\_\_\_\_

**Income (Proof of income may be required)**

**Employed**

Current Employer: \_\_\_\_\_ How Long: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Current Employed Monthly Income: \$ \_\_\_\_\_

**Retired**

Company Retired from: \_\_\_\_\_ How Long: \_\_\_\_\_

Pension Income: \$ \_\_\_\_\_

**SSI**

Social Security Income: \$ \_\_\_\_\_

Other Income: \_\_\_\_\_

Other Income: \_\_\_\_\_

**Personal/Emergency Contact (Required)**

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Other Information**

**HAVE YOU EVER**

Been convicted of a crime: (Circle One) YES or NO

**If Yes:** Type of Crime: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Disposition of Charges: \_\_\_\_\_

Filed for Bankruptcy: (Circle One) YES or NO **If Yes, when?** \_\_\_\_\_

Been served an eviction notice or been asked to vacate a property you were renting? (Circle One) YES or NO

Willfully or intentionally refused to pay rent when due? (Circle One) YES or NO

**If Yes, When?** \_\_\_\_\_ Been sued for unlawful detainer? (Circle One) YES or NO

Address of Unit Applied for: \_\_\_\_\_

Will you be a: (Circle One) Permanent Resident or Seasonal Resident

Do you have physical and or legal custody of persons under the age limit eligible to reside in the park?

(Circle One) YES or NO

Have You Ever Owned a Home in The Francis One Community? If So, Please List the Address Below:

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**Acknowledgement**

I, the undersigned understand that Francis I Mobile estates is governed by the Boards of Directors of Francis I Amenities Corporation, Inc. and Francis I Cooperative Association, Inc., (known as "park") and I agree to abide by all park Rules & Regulations. The undersigned acknowledges receipt of a copy of the park Rules & Regulations, a copy of the current rates, and a copy of my rights under the Fair Credit Reporting Act. **I understand that occupancy cannot begin until written approval from the park has been received.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant's Signature Date

**Consent to Obtain Credit/Employment Information**

I hereby authorize the park or any agent of the park to contact any of my references, previous employers and landlords, companies, credit bureaus, corporations, law enforcement agencies, persons and educational institutions to supply any information concerning my background and criminal history. I also hereby release any of the above from liability and responsibility arising from their doing so. This research may be performed for information dating back for the past ten years. Applicant(s) acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and may constitute a criminal offence under the laws of this state.

I declare under penalty of perjury that the information listed in this application is true and correct, and that I fully understand the terms of this release. Photocopies of this authorization may be made to facilitate inquires. In the event you do receive a photocopy of this authorization, it should be treated as an original and the requested information should be released to facilitate my application for residency.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant's Signature Date



## Francis I Rules & Regulations Acknowledgement/Release Form

I hereby acknowledge that I have received a copy of the Park Covenants & Restrictions.  
I hereby acknowledge that I have received a copy of the Park Rules & Regulations.  
I also acknowledge that these rules pertain to all residents, and I will abide by them.

Property Address:

Sebring, FL 33870

### Applicant #1:

\_\_\_\_\_  
Print Name                                      Signature                                      Date / /

### Applicant #2

\_\_\_\_\_  
Print Name                                      Signature                                      Date / /

Below to be filled out by the Francis I Personnel

### Received in the Francis I Office By:

\_\_\_\_\_  
Print Name                                      Signature                                      Date / /

Francis One Mobile Estates  
8196 Sebring Dr., Sebring, FL 33870  
863-385-0981

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2021 Age Verification Form

The purpose of this form is to provide a means of verification of age in order to maintain the 55 and over status of the community. This is required periodically to be in compliance with HUD rules (U.S. Department of Housing and Urban Development). Please complete the information below.

Resident #1

Name \_\_\_\_\_

Street and Lot # \_\_\_\_\_ Sebring FL 33870

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Resident #2

Name \_\_\_\_\_

Street and Lot # \_\_\_\_\_ Sebring FL 33870

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

In addition to this completed form, the office needs a legible copy of an official document that confirms your age, such as a driver's license, passport, or voter identification that includes birthdate. Return both this form and the copied document to the office at the address on the top of this page. Please sign and date the form as well.

Thank you for helping the Cooperative Board stay up to date on this legal matter.

My signature below verifies that the information provided is true.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Resident #1 - Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Resident #2 - Signature Date