



Imperial Bonita Estates Co-op, Inc.

27700 Bourbonniere Dr. Bonita Springs, FL 34135

Phone: 239-992-0511 Fax: 239-992-6126

APPLICATION FOR CO-OP RESIDENCY

**A background check and credit check is run on each person who will reside in the home.
The fee for the inquiry is \$40/person (U.S. citizen); \$85/person (non-U.S. citizen).
Payment must be received before the background check will be run.**

DATE _____ CO-OP ADDRESS _____

PRESENT OWNER _____

Buyer's Full Name _____ Soc. Sec. # _____ DOB _____

Co-Buyer's Name _____ Soc. Sec. # _____ DOB _____

Home Telephone: _____ Cell # _____ Business # _____

Home or Present Address: _____
Street City State Zip/Postal Code

e-mail Address: _____

United States citizen? Yes _____ No _____ If No, where? _____

Have you ever been evicted from a property? Yes _____ No _____. If Yes, please give details relating to this eviction _____

OTHER PERSON(S) TO OCCUPY THIS UNIT: (In addition to Owner / Buyer / co-Buyer)

Name 1. _____ Soc. Sec. # _____ DOB _____

Relationship to Owner / Buyer / Co-Buyer _____

Name 2 _____ Soc. Sec. # _____ DOB _____

Relationship to Owner / Buyer / Co-Buyer _____

NOTE: One occupant must be at least 55 years of age and any additional occupants must be at least 45 years of age, with no more than 3 occupants per unit.

Please attach a copy of each occupant's driver's license, passport, or other Government-issued-ID to this application.

IN CASE OF EMERGENCY, CONTACT _____

Phone _____ Address: _____ Name _____

PERSONAL REFERENCES:

Name _____ Phone # _____
Address: _____ Zip _____

Name _____ Phone # _____
Address: _____ Zip _____

I agree to acquaint myself with the Rules and Regulations of the Imperial Bonita Estates Cooperative and abide by same. **I acknowledge that this unit may not be used for any purpose other than as a private dwelling for persons listed on this application without the written permission of the Board of Directors.**

“I hereby authorize Imperial Bonita Estates, Inc. to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, or collection of any fees that are accessed by the vote of the IBE Cooperative for which this application was made. I hereby expressly release Imperial Bonita Estates, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies.”

I further acknowledge that upon the sale of my unit that I will be responsible to pay the Cooperative a transfer fee in the amount of \$100.00 for a Mobile Home.

Applicant’s Signature _____ Date _____

Applicant’s Signature _____ Date _____

Applicant’s Signature _____ Date _____

Complete and fax back to Imperial Bonita Estates Cooperative (239) 992-6126 or mail to Imperial Bonita Estates Co-op, 27700 Bourbonniere Dr., Bonita Springs, FL 34135.

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For Office Use Only:

Reviewed & Reports
Obtained by: _____, Park Manager Date _____

Approved by: _____, President Date _____

_____, Board Member Date _____