

New Owner/Occupant Application Package

Welcome to Tippecanoe Village Homeowners Association (TVHOA)

This package contains the documents necessary to start the process of becoming a resident in TVHOA. Please review and complete all the forms in the package. If a form is not applicable to you, simply write NA across the face of the form. You can return the completed forms to the TVHOA Office by:

Email: TVHOAOffice@gmail.com

The US mail system: TVHOA
34521 Iris Blvd
Zephyrhills, FL 33451

Or in Person: Our office hours are Monday from 10:00 a.m. to noon.

The package includes:

1. *New Owner Application.*
2. *A request for a form of identification - copy of your driver license, passport, or birth certificate.*
3. *Tenant Information Form* (We use this form for your background check)
Please Note: Currently fees for a background check are \$40.00 per person for US citizens and \$50.00 per person Canadian. Fees are subject to change. Payment must accompany application. These fees are set by Tenant Check LLC, the background checking agency.
4. *Disclosure Summary for Tippecanoe Village Homeowners' Association, Inc.*
5. *Authorization For Transmitting Information Electronically.*
6. *Pet Form.*
7. *Registration for Parking Space.*
8. *Our website also contains our current By-laws and Covenants and Restrictions. We encourage you to review these governing documents. You will receive a copy of each along with a phone book when you check in with the office.*

Once we receive the required documents, we will process the background check, schedule an interview, and work with your title company to prepare for the closing.

If you have any questions about the application process, please contact the TVHOA
Office: 813-782-6590, FAX: 813-782-6530,
E-mail: TVHOAoffice@gmail.com

NEW OWNER APPLICATION

Date _____

Lot # _____ Address _____

Previous Owner: _____

Name of Applicant (s) 1. _____ 2. _____

Date of Birth 1. _____ 2. _____

Home City/St 1. _____ St 2. _____ St

Phone Number 1. _____ 2. _____

(optional)

Include in Directory

Yes No

Yes No

Wedding Anniversary MO _____ DAY _____ YEAR _____
(optional)

Email Address 1. _____ 2. _____
(optional)

Northern/Current Address: _____

City

State

Zip

PETS: One pet allowed under 30#'s Name: _____ Dog _____ Cat _____ Other _____

Breed: _____ Tag #: _____ Weight: _____

Provide proof of Weight _____ and Vaccination _____ from Veterinarian Vaccination expires: _____

EMERGENCY CONTACT:

NAME

Relationship

PHONE

ADDRESS

CITY

STATE

ZIP

COMPLIANCE AGREEMENT: In applying for membership in TVHOA, I (we) understand that Tippecanoe Village is exclusive housing for persons 55 and older. I (We) have received, and agree to abide by the Covenants, Restrictions and By-laws of TVHOA, Inc. The association shall have the right to enforce the Covenants, Restrictions and By-laws by any appropriate means, including legal action. I (We) certify that the information supplied above is true and correct.

X

Owner

X

Co-Owner

TIPPECANOE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Please Provide a Copy
of Your:

Driver License (s),

or

Passport (s),

or

Birth Certificate (s), etc.

DATE _____

CUSTOMER NUMBER 7713TENANT INFORMATION FORMI / We _____, prospective
tenant(s) / buyer(s) for the property located at _____,Managed By: Tippecanoe Village HOA Owned By: _____,

Hereby allow TENANT CHECK LLC and or the property owner / manager to inquire into my / our credit file, criminal, and rental history as well as any other personal record, to obtain information for use in processing of this application. I / we understand that on my / our credit file it will appear the TENANT CHECK LLC has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK LLC now or in the future.

PLEASE PRINT CLEARLYTENANT INFORMATION:

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

PHONE NUMBER: _____

SPOUSE / ROOMMATE:

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

PHONE NUMBER: _____

TENANT CHECK HOURS OF OPERATION:

MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.

SATURDAY : 11:00 a.m. - 4:00p.m.

ALL ORDERS RECEIVED AFTER 3:00 p.m. (2:00 p.m. on Sat.) WILL BE PROCESSED THE
NEXT BUSINESS DAY

email@tenantcheckllc.com

IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A
SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE
REPORT.

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR
REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES /
MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS

DISCLOSURE SUMMARY FOR TIPPECANOE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

1. AS A PURCHASER OF PROPERTY IN THIS COMMUNITY, YOU WILL BE OBLIGATED TO BE A MEMBER OF HOMEOWNERS' ASSOCIATION.
2. THERE HAVE BEEN OR WILL BE RECORDED RESTRICTIVE COVENANTS GOVERNING THE USE AND OCCUPANCY OF PROPERTIES IN THIS COMMUNITY.
3. YOU WILL BE OBLIGATED TO PAY ASSESSMENTS TO THE ASSOCIATION. ASSESSMENTS MAY BE SUBJECT TO PERIODIC CHANGE. IF APPLICABLE, THE CURRENT AMOUNT IS \$80 PER MONTH. YOU WILL ALSO BE OBLIGATED TO PAY ANY SPECIAL ASSESSMENTS IMPOSED BY THE ASSOCIATION. SUCH SPECIAL ASSESSMENTS MAY BE SUBJECT TO CHANGE. IF APPLICABLE, THE CURRENT AMOUNT IS \$0 PER MONTH.
4. YOU MAY BE OBLIGATED TO PAY SPECIAL ASSESSMENTS TO THE REPECTIVE MUNICIPALITY, COUNTY, OR SPECIAL DISTRICT. ALL ASSESSMENTS ARE SUBJECT TO PERIODIC CHANGE.
5. YOUR FAILURE TO PAY SPECIAL ASSESSMENTS OR ASSESSMENTS LEVIED BE A MANDATORY HOMEOWNERS' ASSOCIATION COULD RESULT IN A LIEN ON YOUR PROPERTY.
6. THERE MAY BE AN OBLIGATION TO PAY RENT OR LAND USE FEES FOR RECREATIONAL OR OTHER COMMONLY USED FACILITIES AS AN OBLIGATION OF MEMBERSHIP IN THE HOMEOWNERS' ASSOCIATION. IF APPLICABLE, THE CURRENT AMOUNT IS \$0 PER MONTH.
7. THE DEVELOPER MAY HAVE THE RIGHT TO AMEND THE RESTRICTIVE COVENANTS WITHOUT THE APPROVAL OF THE ASSOCIATION MEMBERSHIP OR THE APPROVAL OF THE PARCEL OWNERS.
8. THE STATEMENTS CONTAINED IN THIS DISCLOSURE FORM ONLY SUMMARY IN NATURE, AND, AS A PROSPECTIVE PURCHASER, YOU SHOULD REFER TO THE COVENANTS AND THE ASSOCIATION GOVEERNING DOCUMENTS BEFORE PURCHASING PROPERTY.
9. THESE DOCUMENTS ARE EITHER MATTERS OF PUBLIC RECORD AND CAN BE OBTAINED FROM THE RECORD OFFICE IN THE COUNTY WHERE THE PROPERTY IS LOCATED OR ARE NOT RECORDED AND CAN BE OBTAINED FROM THE DEVELOPER.

DATE: _____ PURCHASER: _____
PURCHASER: _____

IF THE DISCLOSURE SUMMARY REQUIRED BY SECTION 720.401, FLORIDA STATUES, HAS NOT BEEN PROVIDED TO THE PROSPECTIVE PURCHASER BEFORE EXECUTING THIS CONTRACT FOR SALE THIS CONTRACT IS VOIDABLE BY BUYER BY DELIVERING TO THE SELLER OR SELLER'S AGENT OR REPRESENTATIVE WRITTEN NOTICE OF THE BUYER'S INTENTION TO CANCEL WITHIN 3 DAYS AFTER RECEIPT OF THE DISCLOSURE SUMMARY OR PRIOR TO CLOSING, WHICHEVER OCCURS FIRST. ANY PURPORTED WAIVER OF THE VOIDABLILITY RIGHT HAS NO EFFECT. BUYER'S RIGHT TO VOID THIS CONTRACT SHALL TERMINATE AT CLOSING

Tippecanoe Village Homeowners Association

34521 Iris Blvd.
Zephyrhills FL 33541

Please submit this form by replying to this email with your selections. If you have any questions or require further clarification, please contact the office.

TVHOAoffice@gmail.com

Phone: 813-782-6590

Dear TVHOA Secretary,

Please find below my authorization form for receiving information via email. Based on my selections, I request to be added to the appropriate distribution lists. This authorization will remain in effect until I give written notice to change or cancel it.

****Authorization Form****

Please check the boxes for the items you would like to receive:

☐ ****Sample Ballots****

I would like to receive sample ballots for upcoming elections.

☐ ****Absentee Ballot Request Information****

Please send me information and instructions for requesting an absentee ballot.

☐ ****Absentee Ballot ****

Please send me an absentee ballot.

☐ ****Upcoming Events and Meetings****

I want to be notified about upcoming events and meetings, including membership and board meetings.

☐ ****Financial Information ****

Please send me statements when requested and reminder letters.

☐ ****General Information****

Please send general information relevant to park news and safety announcements.

****Name****: _____

****Email Address****: _____

****Phone Number**** (optional): _____

****Mailing Address****: _____ **Lot #** _____

****Signature****: _____

****Date****: _____

PET FORM

Dog: _____ Cat: _____ Other: _____ Date: _____

Pet's Name: _____

Breed: _____ Color: _____ Weight: _____ Tag #: _____

Vaccinated: Y N (vaccination certificate attached) _____

Resident's Name: _____

Address: _____ Phone #: _____

X

Homeowner Signature

All Pets Must Be Registered in the Office

TIPPECANOE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

REGISTRATION FOR PARKING SPACE Date _____

Tippecanoe is not responsible for damage/loss of property parked in this area.

There is a \$30 monthly fee for a second space for homeowners.

Vehicles must be registered to the homeowner.

There is a \$30 monthly fee for Non-Members of Tippecanoe.

Name _____ Phone _____ Lot # _____
Please Print

Address _____ Lot assigned # _____

TYPE OF RV/VEHICLE

____ Boat	Tag#: _____
____ Car	Tag#: _____
____ Boat trailer	Tag#: _____
____ Utility trailer	Tag#: _____
____ Tag a long	Tag#: _____
____ 5 th wheel	Tag #: _____
____ Golf Cart	Tag #: _____
____ Truck Camper	Tag #: _____
____ Motor Home	Tag #: _____
____ Class A ____ Class B ____ Class C	
____ Other _____	

Chairperson Signature _____

Signature of Vehicle Owner _____

TIPPECANOE VILLAGE HOMEOWNERS' ASSOCIATION

34521 Iris Blvd Zephyrhills, Florida 33541

Phone: 813.782.6590