

NATURE'S EDGE COMMUNITY ASSOCIATION, INC.

For persons 55 years of age or older

7079 TAMARIND DR.

LAKE WALES, FL. 33898-9615

APPLICATION FOR RESIDENCY:

Date _____

Name _____

Address (current) _____

City _____ State _____ Zip _____ Phone # (____) _____

Property to be Purchased/Leased (address) _____

Nature's Edge Owner _____ Lot # _____

Number of Adults Occupying Home _____

Name _____ Birthdate _____ SSN _____

Name _____ Birthdate _____ SSN _____

Name _____ Birthdate _____ SSN _____

(Attach copies of Identification: Birth Certificate, Driver License, Passport, etc.)

(One Resident must be 55 years of age and the others must be 40 years of age or older.)

Pets in Family: Dog _____ Breed _____
Cat _____ Breed _____
Other _____

Automobiles: 1. _____ 2. _____ 3. _____

Make & Year 1. _____ 2. _____ 3. _____

Color 1. _____ 2. _____ 3. _____

Boat/Trailer/RV? (details) _____

In Case of EMERGENCY, please notify:

Name _____ Relationship _____

Address _____ Phone # (____) _____

City _____ State _____ Zip _____

Name _____ Relationship _____

Address _____ Phone # (____) _____

City _____ State _____ Zip _____

Please note: One resident must be 55 Years of age and the others must be 40 years of age or older

I hereby authorize Nature's Edge Community Association, Inc. to conduct a background and credit check and certify that the information contained on this form is true and accurate.

Occupant Signature _____

Occupant Signature _____

Occupant Signature _____

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FOR NATURE'S EDGE COMMUNITY ASSOCIATION, INC. USE ONLY

_____ Residency **APPROVED**

_____ Residency **NOT APPROVED** (Explanation Attached)

Signed _____ Office _____ Date _____