

# HOA REGISTRATION INFORMATION

**Enclave at Ramble Creek Homeowners Association, Inc.**

Name of the Community: **Enclave at Ramble Creek HOA, Inc.** PURCHASE \_\_\_\_\_ OR LEASE/ROOMATE \_\_\_\_\_;  
Please check one

PROPERTY ADDRESS: \_\_\_\_\_

CURRENT OWNER NAME/ADDRESS/PHONE \_\_\_\_\_

APPLICANT: \_\_\_\_\_ DOB: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ DOB: \_\_\_\_\_  
Roommates MUST submit a SEPARATE application

Phone 1: ( ) - Phone 2: ( ) - Email: \_\_\_\_\_  
Enter the number you want in the call box

OTHER OCCUPANTS AND DOB: \_\_\_\_\_  
i.e.: any family member, roommate or children that will be living in the unit

**Association living may not be for everyone. Those who have selected this community as their home expect all persons to reasonably try to abide by the rules and regulations.**

Have any of the applicants been evicted from their home in the last 5 years? If yes, provide details, city, state, county, and landlord.

We require this information be completed for all jobs both **Applicant and Spouse for the last five years**. Write on back of app if you need more room. Failure to provide accurate information may delay processing the estoppel for lease or purchase. **Contact information IS required for both employers and landlords.**

Are you active Military? (Please circle one) Yes / No

Applicant Current Employer: \_\_\_\_\_ Employers Phone: \_\_\_\_\_  
Employer Address, State, County: \_\_\_\_\_ How Long?: \_\_\_\_\_

Applicant Previous Employer: \_\_\_\_\_ Employers Phone: \_\_\_\_\_  
Employer Address, State, County: \_\_\_\_\_ How Long?: \_\_\_\_\_

Spouse Current Employer: \_\_\_\_\_ Employers Phone: \_\_\_\_\_  
Employer Address, State, County: \_\_\_\_\_ How Long?: \_\_\_\_\_

Spouse Previous Employer: \_\_\_\_\_ Employers Phone: \_\_\_\_\_  
Employer Address, State, County: \_\_\_\_\_ How Long?: \_\_\_\_\_

We require **complete residence information for the last five years**. Write on back if you need more room. **Provide this information on all parties residing in unit**. In the case of a recent marriage or roommate arrangement, complete a separate registration on each party. If you are unable to remember exact addresses, City, County, Street, and State is acceptable, **contact phone number IS required** however.

CURRENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

City, zip code and County Where You Reside: \_\_\_\_\_ when to when: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Address: \_\_\_\_\_ PHONE: \_\_\_\_\_

## HOA REGISTRATION INFORMATION

Previous Address, City & County, \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATES: \_\_\_\_\_

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Previous Address, City & County, \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATES: \_\_\_\_\_

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I understand that as a purchaser/lessee, it is my responsibility to ask for, read, and abide by the rules and regulations, covenants, conditions and restrictions of the association, and agree to be bound by these association documents. I further understand that the unit owner is responsible for any damages and/or infractions of association rules caused by the lessees, their children, guests, visitors or pets. I further understand that this unit is to be used as a single-family residence only and no temporary sub-leasing similar to Airbnb. Guests and additional occupants remaining more than thirty days must have a background check. Use of Fireworks prohibited by Hillsborough County in residential neighborhoods will result in a \$100 fine per incident. By signing this application, you are agreeing that this information may be made available to the Association and Owner of the unit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Seller/Lessor/Agent

\_\_\_\_\_  
Date

### CONSUMER AUTHORIZATION TO OBTAIN INFORMATION

"I hereby authorize **Enclave at Ramble Creek Homeowners Association, 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 with respect to behavior and timely payment of rents, employment and/or salary details, vehicle records, licensing records, and/or other necessary information.

"I hereby expressly release: **Enclave at Ramble Creek Homeowners Association, Inc.**; and any procurer or furnisher of information, from any liability what-so-ever 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 limitations, various law enforcement agencies."

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**HOA REGISTRATION INFORMATION**

**Enclave at Ramble Creek Homeowners Association, Inc.**

**VEHICLE REGISTRATION FORM** – Vehicles must comply with DCC&R 3.12.1.12, no more than three vehicles will be parked in the driveway and front of house overnight. No commercial vehicles can be parked outside overnight without a cover. No RVs, Campers or boats are to be parked overnight outside of the garage in the HOA.

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**ADDRESS:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**RESIDENT # 1:** \_\_\_\_\_ **RESIDENT PHONE:** \_\_\_\_\_

**RESIDENT # 2:** \_\_\_\_\_ **RESIDENT PHONE:** \_\_\_\_\_

**DRIVERS LICENSE NUMBER(S)** \_\_\_\_\_

**WORK PHONE # 1** \_\_\_\_\_ **WORK PHONE # 2** \_\_\_\_\_

**OTHER RESIDENTS (INC. PART TIME)** \_\_\_\_\_

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**VEHICLE #1 MAKE & MODEL:** \_\_\_\_\_ **TAG # :** \_\_\_\_\_  
**COLOR:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**VEHICLE #2 MAKE & MODEL:** \_\_\_\_\_ **TAG # :** \_\_\_\_\_  
**COLOR:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**VEHICLE #3 MAKE & MODEL:** \_\_\_\_\_ **TAG # :** \_\_\_\_\_  
**COLOR:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**VEHICLE #4 MAKE & MODEL:** \_\_\_\_\_ **TAG # :** \_\_\_\_\_  
**COLOR:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE AND DATE** \_\_\_\_\_

# HOA REGISTRATION INFORMATION

ANIMAL REGISTRATION FORM FOR RESIDENTS  
Enclave at Ramble Creek Homeowners Association, Inc.

**Total not to exceed 3 pets and NO PIT BULL or PITBULL CROSSBREDS.**  
***All pets must be in compliance of the DCC&R 3.12.1.11***

Please provide the following information about all animals that will be living in your home. As a property owner, you are required to have all animals licensed and vaccinated on an annual basis and be registered with the Association. All animals (including cats) must be on a leash and you are responsible for cleaning up after them when off your property. Owners in violation of not cleaning up after their pets are subject to any fees related to DNA testing of feces. Please check the line & return this form even if you do not have any animals.

Dog/Cat Name \_\_\_\_\_ Breed: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Approx. Age: \_\_\_\_\_ Microchipped: Yes \_\_\_\_\_ No \_\_\_\_\_

County License Number: \_\_\_\_\_ copy enclosed

Color of Animal: \_\_\_\_\_

Distinguishing Markings: \_\_\_\_\_

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Dog/Cat Name \_\_\_\_\_ Breed: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Approx. Age: \_\_\_\_\_ Microchipped: Yes \_\_\_\_\_ No \_\_\_\_\_

County License Number: \_\_\_\_\_ copy enclosed

Color of Animal: \_\_\_\_\_

Distinguishing Markings: \_\_\_\_\_

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Dog/Cat Name \_\_\_\_\_ Breed: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Approx. Age: \_\_\_\_\_ Microchipped: Yes \_\_\_\_\_ No \_\_\_\_\_

County License Number: \_\_\_\_\_ copy enclosed

Color of Animal: \_\_\_\_\_

Distinguishing Markings: \_\_\_\_\_

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OWNER SIGNATURE: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_ I DO NOT OWN ANY CATS OR DOGS.