

### New Occupant Application- Part One

The Ivanhoe House charges a \$100 fee for application fee processing and interview with members of the Ivanhoe Board of Directors. **Processing will not begin until all documents have been completed and received at which time an interview will be scheduled.**

- **Buyers:** Ivanhoe’s approval to purchase the unit is contingent upon receipt of the fee, successful completion of all of the steps in the process and a termite inspection report.

**For Lease or Renters:** “Info Check Form”, **Complete and return with this application, one form for each member of the household.** There is an additional \$50 fee for each background check completed. This form located on the website, gives permission to perform a background check which must be completed before an interview will be scheduled.

**Persons to be interviewed- all unit owners/ occupants. (Please print)**

Name	Phone
Name	Phone
Name	Phone

**Ivanhoe Unit #** \_\_\_\_\_ **Parking Space #** \_\_\_\_\_

**Occupancy Type:**

\_\_\_\_\_ New Owner    Projected Closing Date: \_\_\_\_\_    Projected Occupancy Date: \_\_\_\_\_

\_\_\_\_\_ Lease    Lease Term \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Guest of Owner    Dates of Residence \_\_\_\_\_ to \_\_\_\_\_

**Applicant #1:**

Residence mailing address: \_\_\_\_\_  
\_\_\_\_\_

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

Primary Contact Phone: \_\_\_\_\_ cell/work

Other Phone: \_\_\_\_\_ cell/work

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My emergency contact may authorize entry to my unit: \_\_\_\_\_ Yes \_\_\_\_\_ No (check one)

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

**Applicant #2:**

Other Residence mailing address: \_\_\_\_\_  
\_\_\_\_\_

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

Primary Contact Phone: \_\_\_\_\_ Landline/Cell/ Work (circle)

Other Phone: \_\_\_\_\_ Landline/Cell/ Work (circle)

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My emergency contact may authorize entry to my unit: \_\_\_\_ Yes \_\_\_\_ No (check one)

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Realtor's Name and Brokerage: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**For Lessee Only:**

As tenants, I/we understand that a violation at any time can result in revocation of approval, and I/we will thereupon be required to vacate. The owner is required to meet his/ her financial responsibility to the Association. In the event that the unit becomes delinquent, the Association will collect the HOA fee from the lessee.

A current lease must be on file with the Ivanhoe secretary, or the lessee will be required to vacate.

**Should this Application be accepted, I/ we hereby agree to abide by the terms, conditions, and covenants of said Blue Book By-Laws, Rule and Regulations and any amendments thereto, and any rules which may be properly adopted by the Board of Directors and/or the Member of Town Shores of Gulfport #206, Ivanhoe House.**

**Applicant #1 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant #2 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** The \$100 check and or \$50 check should be written to: Ivanhoe House#206 and must be received before or at the time of the interview.

*For Ivanhoe BOD use only: Note Date of receipt*

Application form: \_\_\_\_\_ Application/Background check fee: \_\_\_\_\_

Info Check form Applicant #1 \_\_\_\_\_ Approved/ Denied

Info Check form Applicant #2 \_\_\_\_\_ Approved/ Denied

Proof of Age form  Voting Certificate  Copy of Lease if applicable