

Brookridge Community Property Owners, Inc.  
7300 Brookridge Central Blvd  
Brooksville, FL 34613  
(352) 596-0696 Fax (352) 597-8174

**SCREENING APPLICATION**

Neatly complete all information below. Each applicant over the age of 18 must complete and sign their own application.  
**All applicants must provide a photocopy of Drivers License or Identification Card (enlarged to 150% and in color).**

Applicant \_\_\_\_\_ Phone # \_\_\_\_\_ DOB \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Non US Citizens Country \_\_\_\_\_ Province \_\_\_\_\_

Current or Previous Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

Current or Previous Address \_\_\_\_\_

How long at this address \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Total number of adults to reside at residence \_\_\_\_\_ Total number of children under 18 to reside at residence \_\_\_\_\_

***Service Members Chapter No 2016:242 Effective 7/1/2016 All United States Armed Forces serving on active duty or State active duty and all members of the Florida National Guard and United States Reserve Forces must, within 7 days, be notified in writing of and approval or denial and if denied the reason for denial.***

***Active Military Service Member as defined above? Initial if yes \_\_\_\_\_ Date: \_\_\_\_\_***

I CERTIFY that the answers/information given herein is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for screening as may be necessary in arriving at a decision. I understand that BCPO may terminate any rental agreement entered into for any misrepresentation made.

**Brookridge Community Property Owners, Inc. is a 55 or above age restricted community.**  
**I understand at least one occupant must be the age of 55 or older**

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

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Received from applicant (s) a non-refundable screening processing fee of **\$50 per person** over 18 years old

Check # \_\_\_\_\_ Date \_\_\_\_\_

Make Check Payable to BCPO and return to above address.

BROOKRIDGE ACCOUNT#/UBL# \_\_\_\_\_

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

BUYING RENTING LIVE-IN