



**Terra Siesta Co-Op, Inc.**  
**55+ Resident Owned Community**

Phone: (941) 723-1260

Fax: (941) 722-1028

3502 Patricia Place, Ellenton FL 34221

Community association Manager: [manager@terrasiestacoop.com](mailto:manager@terrasiestacoop.com)

**Applicant Information**

**Unmarried applicants must fill out separate applications. Do not leave any blank spaces. Please use black ink. Please allow at least ten (10) business days for approval process. Thank you!**

Name: \_\_\_\_\_ SS# \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
          Last      First                      MI

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

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

Spouse: \_\_\_\_\_ SS# \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
          Last      First                      MI

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

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

**Address History:**

Home Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street Apt# City State Zip Code

Length of Residency: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Monthly Payments: \$ \_\_\_\_\_

Present Mortgage Company/ Landlord: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street Apt # City State Zip Code

Length of Residency: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Monthly Payments: \$ \_\_\_\_\_

Mortgage Company/Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Employment History**

Present Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

\$ Income: \$ \_\_\_\_\_ per \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Former Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

\$ Income: \$ \_\_\_\_\_ per \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**Have you and/or your spouse been subject to foreclosure or evicted by a prior landlord?**

Yes  No

**Have you and/or your spouse adjudication withheld or been convicted of crime?**

Yes  No

**If you have answered yes to either of these questions, please explain the circumstances on a separate sheet of paper and submit with application.**

**AUTHORIZATION OF RELEASE OF INFORMATION:** Applicant(s) represent that all of the above information and statements for purchase or lease are true and complete, and hereby authorize an investigative consumer report including, but not limited to, residential history, employment history, criminal records and credit reports. This application must be signed before it can be processed by the Terra Siesta Co-Op, Inc., and its management agents.

**Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this state.**

**NON-REFUNDABLE APPLICATION FEE:** Applicant(s) agree to the \$50.00 non-refundable application fee of \$50 per applicant and this fee is included with this application. Check box:

**EMERGENCY CONTACT INFORMATION FORM:** Applicant(s) have completed the Emergency Contact Information Form and it is included with this application. Check box:

**RENTER CAR STICKER VERIFICATION FORM:** Applicant(s) have completed the Renter Car Sticker Verification Form and it is included with this application. Check box:

**ANIMAL REGISTRATION FORM:** Will any animals be kept in the Unit?  Yes  No  
If Yes, Applicant(s) have completed the Animal Registration Form and it is included with this application. Check box:

**RULES & REGULATIONS OF TERRA SIESTA CO-OP, INC.:** Applicant(s) acknowledge receipt, review, and understanding of the Association's Rules & Regulation and agree to abide by the Rules & Regulations at all times during the sublet. Check box:

I give Terra Siesta permission to put my name in the monthly newsletter, and in the one call system so I can be notified of any important information pertaining to Terra Siesta.  Yes  No

I give Terra Siesta permission to email me regarding important Terra Siesta information. This will contain important association information and documents.  Yes  No

**By signing below, I/We affirm the affirm that the above is true and accurate and that I/We provide the authorization stated above.**

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_



**Terra Siesta Co-Op, Inc.**  
**55+ Resident Owned Community**

Phone: (941) 723-1260

Fax: (941) 722-1028

3502 Patricia Place, Ellenton FL 34221

Community association Manager: [manager@terrasiestacoop.com](mailto:manager@terrasiestacoop.com)

**Emergency Contact Information**

**Applicant Name:** \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Applicant Name:** \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

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



Terra Siesta Co-Op, Inc.  
**55+ Resident Owned Community**

Phone: (941) 723-1260

Fax: (941) 722-1028

3502 Patricia Place, Ellenton FL 34221

Community association Manager: [manager@terrasiestacoop.com](mailto:manager@terrasiestacoop.com)

**Animal Registration Form**

**Animal Information:**

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M / F  
Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Color \_\_\_\_\_ Is your pet spayed or neutered: Y / N

**Animal Information:**

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M / F  
Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Color \_\_\_\_\_ Is your pet spayed or neutered: Y / N

\*\* Must provide your most recent vaccination records for your animal(s)\*\*

\*\* Must provide a recent photograph of your animal(s)\*\*

\*\* All Animals MUST NOT exceed 25 POUNDS at Maturity\*\*

\*\* I agree to notify the office staff of any changes pertaining to my animal(s)\*\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Terra Siesta Co-Op, Inc. Association Manager has reviewed all information provided and approved pet registration.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Terra Siesta Co-Op, Inc.

**55+ Resident Owned Community**

Phone: (941) 723-1260

Fax: (941) 722-1028

3502 Patricia Place, Ellenton FL 34221

Community association Manager: [manager@terrasiestacoop.com](mailto:manager@terrasiestacoop.com)

**Applicant Car Sticker Verification**

PLEASE PRINT

Applicant Name(s): \_\_\_\_\_

Park Address: \_\_\_\_\_ Full Time Resident: Y / N

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Vehicle Information**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Sticker number: \_\_\_\_\_

**Vehicle Information**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Sticker number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Terra Siesta Co-Op, Inc.  
**55+ Resident Owned Community**

Phone: (941) 723-1260

Fax: (941) 722-1028

3502 Patricia Place, Ellenton FL

Community association Manager: [manager@terrasiestacoop.com](mailto:manager@terrasiestacoop.com)

**Designated Voter Certificate**

**To: Secretary of the Board of Directors of Terra Siesta Co-Op, Inc.**

This is to certify that the undersigned, constituting all of the record shareholders of  
(park address) \_\_\_\_\_ and have  
designated \_\_\_\_\_ (print name of ONE shareholder  
who will be the designated voter for your unit/park address) as their representative to cast all  
votes and to express all approvals and to express approvals that such owners may be entitled to  
cast or express at all meetings of the membership of the association and for all other purposes  
provided by the governing documents of the association.

This certificate is made pursuant to the governing documents of the association and shall revoke  
and supersede all prior certificates and be valid until revoked by a subsequent valid certificate.

Dated this \_\_\_\_\_ day of the Month of \_\_\_\_\_ in the year \_\_\_\_\_.

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

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





Terra Siesta Co-Op, Inc.

**55+ Resident Owned Community**

Phone: (941) 723-1260

Fax: (941) 722-1028

3502 Patricia Place, Ellenton FL 34221

Community association Manager: [manager@terrasiestacoop.com](mailto:manager@terrasiestacoop.com)

**Receipt of Rules and Regulations**

The rules and regulations were revised/approved and completed by our Board of Directors of Terra Siesta Co-Op, Inc. in May of 2022.

I understand that one shareholder and/or renter of the home must be fifty-five years of age or older and the other shareholder and/or renter must be a minimum of forty-five years of age.

In the event I rent out our home, I understand that all renters/occupants must submit an application and be approved. A onetime application fee of fifty dollars per person will also need to be enclosed with the application for a background check.

I affirm that I have read and understand the rules and regulations of Terra Siesta Co-Op, Inc. I have also received a copy for my records of the rules and regulations of Terra Siesta Co-Op Inc.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_