

Halifax Mobile Home Estates Association, Inc.

Application for Membership Packet ~ Cover Sheet

All completed applications are considered to be received only when received by:
Bristol South Management Inc. @ P.O. Box 77 Raynham, MA. 02767
or Fax @1-508-823-2330 or E-Mail to: office@bristolsouth.net
Need further Instructions or Info Call them @ 1-508-823-2300

Enclosed you will find the following documents:

1. Letter to Applicants
2. Living in a Resident-Owned Community
3. Application for Membership
4. Summary of Rights Under FCRA
5. Bylaws/ Community Rules/ Occupancy Agreement Acknowledgement Form
6. Consumer Authorization and Release Form
7. Pet Registration - when applicable
8. Member Interest Questionnaire
9. Community Rules
10. Cooperative Bylaws
11. Member Occupancy Agreement
12. Massachusetts Required Disclosure Form
13. Important Notice Required by Law (M.G.L. c. 140 § 32P)
14. Selling the Home- Homeowner Responsibilities

NOTE:

The seller and Realtor or Sales Professional should be given copies of document #14
Items in BOLD must be returned with the Application.

Applications that are not filled out completely will be returned to the applicant(s),
with a Notice of Adverse Action. Applications that are considered “complete”
only if the items listed in the Letter to Applicants have been received.

For more information, see the enclosed “Letter to Applicants.”

Letter to Applicants
Halifax Mobile Home Estates Association
A Resident Owned and Operated Community

Thank you for interest in our community. We hope you consider joining us as resident owners.
 We strive to maintain a positive and well-kept community.

About the Community

This is a people-oriented community, we help each other
 Good roads, water lines and septic
 Conveniently located for natural beauty, employment, and shopping
 Clean and well maintained
 Strong sense of community
 Members (you) create and live by the Community Rules. Please read them before you join.

About the Application Process

Complete the Application.
 Return it fully completed with all of the requested documentation, including:

1. **Application for Membership**
2. **Consumer Authorization and Release Form**, completed by all applicants 18 years of age or older.
3. A **copy of photo identification** for each applicant 18 years of age or older.
Community Rules/Bylaws/Occupancy Agreement Acknowledgment Form
4. **Proof of income**, including the previous 3 month ' s (week ' s) pay-stubs and the previous year ' s Federal Income Tax Returns, proof of Social Security and/or SSD income, annuities and/or proof of any other sources of income.
5. **Pet Registration**, if applicable.

Please note:

That Incomplete applications will be returned to the Applicant, along with a Notice of Adverse Action.

You must attend an interview with the Membership Committee.

You must await approval by the HMHE Associations Inc. Board of Directors.

That all complete applications will be processed within ten (10) calendar days.

Applicants are notified of their acceptance or denial in writing.

After you are approved, before you may move in you MUST:

Pay your \$1800.00 Membership Fee

(this one-time fee is fully refundable when you sell your home, less any outstanding fees owed to the Association).

Execute the Occupancy Agreement, with all household members listed.

Pay your first monthly lot rent of \$593.

After you move in

Learn how the Association works; attend a board meeting.

Sign up to participate on a committee.

Get to know your neighbors- you are now part of the community!

If you have questions, please call _____, Chair of the Membership Committee.

He/she can be reached at _____(email) or by calling _____

**Halifax Mobile Home Estates Association
Application for Membership**

**All information must be filled out completely. Incomplete applications will be returned to the applicant(s). If a question does not apply, place "n/a" in the space provided.
Please print all information legibly.**

Applying for: _____ (Address)

Current owner: _____

Applicant: _____

Co-applicant: _____

(if more than two applicants, please ask for an additional application)

Name(s) on Title: _____

Current address: _____ (street)

_____ (city, state, zip) Home phone:

_____ Work phone: _____

Length of time at this address: _____

Current landlord: _____ Phone: _____

If less than three (3) years at current address, list previous addresses:

Address (street, city, state, zip):

Landlord _____ Phone: _____

Address (street, city, state, zip):

(continued)

Landlord _____ Phone: _____

Applicant employer: _____ Phone: _____

Address: _____

Co-applicant employer: _____ Phone: _____

Address: _____

Please list all *monthly* income to be considered towards payment of lot rent:

Applicant income:

Co-applicant income:

Income amount \$ _____

Income amount \$ _____

Income amount \$ _____

Income amount \$ _____

Income amount \$ _____

Income amount \$ _____

Total monthly income \$ _____

Total monthly income \$ _____

Anticipated monthly expenses:

Mortgage(s): _____

Car Payment(s): _____

Electric: _____

Auto Insurance: _____

Cable/Internet: _____

Homeowners Ins.: _____

Heat: _____

Phone(s): _____

Other: _____

Number of persons who plan to occupy home _____

Are you or any members of your household required to register as a sex offender?

Yes No

(continued)

Please list three personal (not professional) references who can speak to your likelihood to pay your rent in a timely manner, obey the community rules and be a good Association member. References may not include relatives.

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

3. Name: _____ Phone: _____

Relationship: _____

Please read the following information before signing this application:

To join Halifax Mobile Home Estates Association Inc., I/we are aware that a Membership Fee of \$1800.00 must be paid before I/we occupy the home. I/we understand that I/we may not move in until approval is made. I/we understand that the home must be lived in by the family/household purchasing and cannot be rented out except under extraordinary circumstances as determined by the Association. I/we understand that every household member must be aged 55 or older.] I/we understand that this application in no way guarantees my/our acceptance into the Association. I/we authorize the Association to obtain information from current/former employers, friends and current/previous landlords. I/we hold harmless the, its contracted Property Manager, and its employees and/or tenants, from any action arising from these inquiries.

The Association does not discriminate based on sex, race, religious creed, color, marital status, marital status, familial status, physical or mental handicap, blindness, hearing impairment, ancestry, receipt of public assistance, veteran status or membership in the armed forces, children or national origin or on account of that person's sexual orientation in the approval of its members.

Because this is an age restricted community the age discrimination clause does not apply.

If any information in this application is found to be false, this is immediate grounds for denial of membership.

Disclaimer: I/we understand that should I/we be accepted as a member of the Association, misrepresentation of information on this Application for Membership may be grounds for member expulsion according to the Association Bylaws. Such expulsion would result in the loss of membership. Loss of membership/expulsion would result in the loss of voting privileges, loss of member credit toward rent, and may lead to eviction. By signing this application, I/we attest that this is accurate and true information to the best of my/our knowledge.

(continued)

Applicant signature: _____ **Date:** _____

Co-applicant signature: _____ **Date:** _____

NOTE: Applications that are incomplete, illegible and/or are not accompanied by the proper documentation will be returned to the applicant(s) and considered as NOT having applied for tenancy in a manufactured housing community relative to 940 C.M.R. 10.01(2).

(Continued)

This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. § 1681b(a)(2).

I/WE further authorize the Halifax Mobile Home Estates Association Inc. to contact the references listed on my/our application in order to assess my/our Application for Membership in said Association.

I/WE further authorize the Halifax Mobile Home Estates Association, Inc. to verify past and present landlord references in order to assess my/our Application for Membership in said Association.

It is understood that a photocopy and/or facsimile of this document shall also serve as an authorization to provide the information requested.

The information obtained is only to be used in the processing of my/our Membership Application.

Applicant

Date

Co-applicant

Date

Halifax Mobile Home Estates Association Inc. Pet Registration Form

Please fill out one form per pet

Pet owner's name(s) _____

Pet owner's address: _____

Pet owner's phone number: _____

Pet owner's email address: _____

Pet's name: _____ Tag #: _____

_____ cat _____ dog

_____ other – specify: _____

Breed: _____ Color: _____

Insurance company: _____ Phone: _____

Account #: _____

Address: _____

Agent: _____

If you are not at home, who can handle this pet?

Name: _____ Phone: _____

Failure to comply with the Community Rules, specifically related to pets, is a breach of your Occupancy Agreement and is sufficient grounds for eviction. C.M.R. 10.04 (10)

The Community Rules, specifically related to pets, will be strictly enforced.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____