

**EGRET COVE HOMEOWNERS' ASSOCIATION**

**OCCUPANT ADD-ON REGISTRATION FORM**

(This form is to be used for guests who are staying longer than 30 days)

**Application Fee \$100.00 (no cash) Screen Fee per applicant.**

**Owners Name:** \_\_\_\_\_ **Owners Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**NAME OF OCCUPANT TO RESIDE IN HOME:**

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

**Home Phone #:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**SSN#:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

**Employer:** \_\_\_\_\_ **Years:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Landlord Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Landlord Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Occupant is subject to and shall abide by all covenants and restrictions and rules and regulations set forth in the Declaration of Conditions, Covenants, Easements and Restrictions for Bridgeport Homeowners Association; By-Laws of Bridgeport Homeowners Association; Articles of Incorporation of Bridgeport and any rules and regulations for Bridgeport.**

**Occupant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EGRET COVE HOA – OCCUPANT ADD-ON REGISTRATION FORM**

**HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN A  
MINOR TRAFFIC OFFENSE?**

**YES ( ) NO ( )**

**If yes, please explain:**

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**Applicant represents that all information given is true and correct, and understands that as part of our procedure for processing your application an outside agency, will make an investigation from the information given and present their finding to us for review. This investigation may include, but is not limited to, character, general reputation, credit, residence and criminal search. Applicants agree not to hold the Association or its agents liable for the discovery or non-discovery of information or any actions taken as a result of this investigation. Authorization is hereby given to release banking, credit, residency, employment and other information pertinent to this application.**

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

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_