

# HIGH POINT COMMUNITY PROPERTY OWNERS, INC.

*An Age 55 & Older Community*

8008 Baltic Street  
Brooksville, Florida 34613  
E Mail: info@retireflorida.net  
Phone: (352) 596-2397  
Fax: (352) 596-5201

High Point is an **Age 55+ Community** wherein age restrictions apply! Prospective occupants must be approved to reside in this community. This requires a mandatory background check be done ***prior to moving in.***

- Prospective occupants must provide proof at least one member of the household is age 55 or older. Children under 18 years of age are not permitted except as temporary guests. Exceptions require written approval from the Board of Directors.
- Prospective owner/occupants/tenants must complete background check forms. Each applicant must submit an application for residency. A processing fee, to be determined by the Board of Directors, is required for each application submitted, along with copies of valid Government issued photo ID for all parties. Applicants may pay by cash, check, certified check, money order or credit card.
- Background checks can take one to two weeks to process. They cover employment history; criminal history; credit history; previous tenancy history and character references. This confidential data is not shared with landlords.
- **No occupancy is permitted before approval is given. Other occupants may not join the household on a permanent basis without a background check and written approval from this association. (Excludes temporary guests who may visit up to 30 days in a calendar year.)**
- Landlords must ensure prospective occupants receive a copy of High Point's Restrictions and will ensure tenants comply with said restrictions.
- **Be certain to provide all data requested.** Failure to provide such data may result in automatic disqualification or delay the approval process.

Background ck form info  
Edited 02.02.2026

**High Point Community Property Owners, Inc.  
Restriction Agreement**

THIS AGREEMENT is hereby entered between High Point Community Property Owners, Inc. and \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_.

WHEREAS, purchaser/renter/occupant is in the process of occupying a unit in the High Point Mobile Home Subdivision, as governed by the Amended and Restated Restrictions and Covenants recorded at Official Records Book 1312, Page 1634, Public Records of Hernando County, Florida, and subsequently amended ("the Declaration"); and

WHEREAS, Article 15(d) of the Declaration, as amended, requires that at least one occupant of each unit be 55 years of age and order, and that all permanent occupants must be at least eighteen (18) years of age;

NOW, THEREFORE, the parties agree as follows:

1. Purchaser understands and agrees that by approving the sale of the unit to Purchaser the Association is not waiving any of the restrictions, which apply to the use of the property.
2. Further, Purchaser/Renter/Occupant understands and agrees that in connection with any permanent occupancy of the property, at least one occupant must be 55 years of age or older, and no permanent occupants can be eighteen (18) years of age or younger.
3. Additionally, Purchaser/Renter/Occupant understands and agrees that children under eighteen (18) years of age may only occupy a unit as a "temporary guest" for a maximum of thirty (30) days in a calendar year, or thirty (30) consecutive days.
4. Renter/Occupant further agrees that they have had no judgement of eviction.
5. Purchaser/Renter/Occupant understands and agrees that the above restrictions are applicable and enforceable, and agrees to comply with such restrictions in connection with the use and occupancy of the property. In the event of non-compliance, Purchaser/Renter/Occupant understands and agrees that the Association will be entitled to recover all costs and attorneys' fees incurred in connection with any enforcement proceedings.
6. Purchaser/Renter/Occupant understands that By-Laws & Restrictions govern this community and agree that they have read and will abide by same.

PURCHASER/RENTER/OCCUPANT

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

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

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

Account # \_\_\_\_\_

## High Point Community Property Owners, Inc. New Property Owner Application Form

High Point is an age 55 and older community. Housing for Older Persons Laws apply, which require detailed documentation to verify occupancy requirements are met. Prospective owners must submit this application form prior to completion of the sale or transfer of property. Please attach a copy of your sales contract.

List names and ages of prospective buyers.

Names: \_\_\_\_\_ Age: \_\_\_\_\_  
Names: \_\_\_\_\_ Age: \_\_\_\_\_  
Names: \_\_\_\_\_ Age: \_\_\_\_\_

Property Address: \_\_\_\_\_

Title Company: \_\_\_\_\_

Expected Closing: \_\_\_\_\_ Planned date of occupancy: \_\_\_\_\_

Is this property a home or vacant lot? Check one:  Home  Vacant Lot

- I will live in the home part time from \_\_\_\_\_ to \_\_\_\_\_  
 I will live in the home full time  
 I will rent property to others.

Note: At least one occupant in the household must be age 55 or older. Children under 18 are not permitted to reside here except as temporary guest. Having read this, do you require exception to live here?

Check one:  Yes  No

Please provide a copy of a driver's license, birth certificate, passport, etc. for all occupants.

Type of documentation provided: \_\_\_\_\_

I/We acknowledge being advised that High Point is an Age 55+ community wherein age restrictions apply and are enforced.

Signature: \_\_\_\_\_ Phone/Cell#: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Phone/Cell#: \_\_\_\_\_

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

**INSTRUCTIONS:**

- 1 -All applicants are processed as separate investigations.
- 2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
- 4 -Missing information will cause delays in processing your application.
- 5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6 -Only the applicants are authorized to sign all forms on page 2.

**APPLICATION FOR OCCUPANCY/APPROVAL**

**PRINT OR TYPE (Use Black Ink)**

Purchase \_\_\_\_\_ or Lease \_\_\_\_\_ (How long)

Apt. No. \_\_\_\_\_ Bldg No. \_\_\_\_\_ Special Address or Unit \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_\_ Desired date of occupancy \_\_\_\_\_

Name (Mr./Mrs./Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec No. \_\_\_\_\_  
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

Spouse (Mr./Mrs./Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec No. \_\_\_\_\_  
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

[ ] Sngl. [ ] Married [ ] Widow(er) [ ] Sep. \_\_\_\_\_ [ ] Div. \_\_\_\_\_ Maiden Name \_\_\_\_\_

Number of people who will occupy. Adults (over age 18) \_\_\_\_\_ Children (over 18) \_\_\_\_\_ Children (under 18) \_\_\_\_\_

Names & ages of children who will occupy: \_\_\_\_\_

Description of Pets (Breed, Size, Color, Weight, Etc.) \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

<i>Name</i>	<i>Address</i>	<i>Telephone</i>
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**PRINT OR TYPE (Use Black Ink)**

**RESIDENCE HISTORY**

A. Present Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

(Street Address, Apt No., City, State, Zip)  
Name of Apt. /Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

B. Previous Address \_\_\_\_\_ Your Apt No. \_\_\_\_\_  
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

C. Prior Address \_\_\_\_\_ Your Apt No. \_\_\_\_\_  
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

**PRINT OR TYPE (Use Black Ink)**

**EMPLOYMENT & BANK REFERENCES**

A. Employed By (Business Name) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

(or retired from)  
How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

B. Spouse's Employment (Business Name) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

(or retired from)  
How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

C. Bank Reference \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long \_\_\_\_\_ Ck. Acct. No. \_\_\_\_\_ Sav. Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

D. Bank Reference \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long \_\_\_\_\_ Ck. Acct. No. \_\_\_\_\_ Sav. Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

(Continued on Back)

PRINT OR TYPE (Use Black Ink)

CHARACTER REFERENCES

1. Name Address Phone (Residential & Office)

2. Name Address Phone (Residential & Office)

3. Name Address Phone (Residential & Office)

Driver's Lic. No. #1 #2 State

Make Model Year Plate No. Color State

Make Model Year Plate No. Color State

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Applicant Information may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature Applicant Signature Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure Authorization Form is completed as indicated.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

DESIGNATED PARTY: APPLICANT INFORMATION

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

DATE

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## Remedying the Effects of Identity Theft

You are receiving this information because you have notified a consumer reporting agency that you believe that you are a victim of identity theft. Identity theft occurs when someone uses your name, Social Security number, date of birth, or other identifying information, without authority, to commit fraud. For example, someone may have committed identity theft by using your personal information to open a credit card account or get a loan in your name. For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The Fair Credit Reporting Act (FCRA) gives you specific rights when you are, or believe that you are, the victim of identity theft. Here is a brief summary of the rights designed to help you recover from identity theft.

1. **You have the right to ask that nationwide consumer reporting agencies place “fraud alerts” in your file to let potential creditors and others know that you may be a victim of identity theft.** A fraud alert can make it more difficult for someone to get credit in your name because it tells creditors to follow certain procedures to protect you. It also may delay your ability to obtain credit. You may place a fraud alert in your file by calling just one of the three nationwide consumer reporting agencies. As soon as that agency processes your fraud alert, it will notify the other two, which then also must place fraud alerts in your file.

- Equifax: 1-800-525-6285; [www.equifax.com](http://www.equifax.com)
- Experian: 1-888-397-3742; [www.experian.com](http://www.experian.com)
- TransUnion: 1-800-680-7289; [www.transunion.com](http://www.transunion.com)

An initial fraud alert stays in your file for at least one year. An extended alert stays in your file for seven years. To place either of these alerts, a consumer reporting agency will require you to provide appropriate proof of your identity, which may include your Social Security number. If you ask for an extended alert, you will have to provide an identity theft report. An identity theft report includes a copy of a report you have filed with a federal, state, or local law enforcement agency, and additional information a consumer reporting agency may require you to submit. For more detailed information about the identity theft report, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

2. **You have the right to free copies of the information in your file (your “file disclosure”).** An initial fraud alert entitles you to a copy of all the information in your file at each of the three nationwide agencies, and an extended alert entitles you to two free file disclosures in a 12-month period following the placing of the alert. These additional disclosures may help you detect signs of fraud, for example, whether fraudulent accounts have been opened in your name or whether someone has reported a change in your address. Once a year, you also have the right to a free copy of the information in your file at any consumer reporting agency, if you believe it has inaccurate information due to fraud, such as identity theft. You also

have the ability to obtain additional free file disclosures under other provisions of the FCRA. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

3. **You have the right to obtain documents relating to fraudulent transactions made or accounts opened using your personal information.** A creditor or other business must give you copies of applications and other business records relating to transactions and accounts that resulted from the theft of your identity, if you ask for them in writing. A business may ask you for proof of your identity, a police report, and an affidavit before giving you the documents. It may also specify an address for you to send your request. Under certain circumstances a business can refuse to provide you with these documents. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
4. **You have the right to obtain information from a debt collector.** If you ask, a debt collector must provide you with certain information about the debt you believe was incurred in your name by an identity thief – like the name of the creditor and the amount of the debt.
5. **If you believe information in your file results from identity theft, you have the right to ask that a consumer reporting agency block that information from your file.** An identity thief may run up bills in your name and not pay them. Information about the unpaid bills may appear on your consumer report. Should you decide to ask a consumer reporting agency to block the reporting of this information, you must identify the information to block, and provide the consumer reporting agency with proof of your identity and a copy of your identity theft report. The consumer reporting agency can refuse or cancel your request for a block if, for example, you don't provide the necessary documentation, or where the block results from an error or a material misrepresentation of fact made by you. If the agency declines or rescinds the block, it must notify you. Once a debt resulting from identity theft has been blocked, a person or business with notice of the block may not sell, transfer, or place the debt for collection.
6. **You also may prevent businesses from reporting information about you to consumer reporting agencies if you believe the information is a result of identity theft.** To do so, you must send your request to the address specified by the business that reports the information to the consumer reporting agency. The business will expect you to identify what information you do not want reported and to provide an identity theft report.
7. The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely

approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

To learn more about identity theft and how to deal with its consequences, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore), or write to the Consumer Financial Protection Bureau. You may have additional rights under state law. For more information, contact your local consumer protection agency or your state Attorney General.

In addition to the new rights and procedures to help consumers deal with the effects of identity theft, the FCRA has many other important consumer protections. They are described in more detail at [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>