

Brookridge Community Property Owners, Inc.
7300 Brookridge Central Blvd
Brooksville, FL 34613
Phone:(352) 596-0696 Fax:(352) 597-8174
Website: www.brookridge.com
Email: office@brookridge.com

SCREENING APPLICATION

**All applicants must provide a photocopy of Drivers License or Identification Card
Each applicant must complete and sign their own application.**

Applicant _____ Phone # _____ DOB _____

Social Security # _____ Drivers License # _____ State _____ Exp. _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____

Non-US Citizens Only Country _____ Province _____

Total number of adults to reside at residence _____

Brookridge is an age 55 and older community. At least 1 person in the household must be age 55 or older.

**CHILDREN UNDER 18 ARE NOT PERMITTED to reside here. I/We acknowledge being advised
that Brookridge is an Age 55+ Community wherein age restrictions apply and are enforced.**

Initials _____

Applicant Signature _____ 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.

Received from applicant (s) a non-refundable screening processing fee of **\$100 per person**. Cash, Check, or Money Order.

Credit Card with a \$2.00 Convenience Fee

Check# _____

MO# _____

CC# _____ EXP# _____ / _____ CODE# _____

ACCOUNT#/UBL# _____ BROOKRIDGE PROPERTY ADDRESS: _____

BUYING

RENTING

LIVE-IN