

GARDEN COVE RESIDENCE ASSOCIATION, INC.

PARK CENSUS

IN ORDER TO COMPLY WITH THE REQUIREMENTS OF THE HOUSING FOR OLDER PERSONS ACT OF 1995 ("HOPA"), THE FOLLOWING INFORMATION IS REQUIRED OF EACH RESIDENT OF A MANUFACTURED HOME IN GARDEN COVE PARK.

MAIN OCCUPANT: LEE COUNTY REGISTERED OWNER OF MANUFACTURED HOME

PARK ADDRESS: _____

1) NAME: _____

2) DATE OF BIRTH: _____

3) PROOF OF AGE: _____

4) DATE OF RESIDENCY IN PARK: _____
SECOND OCCUPANT:

1) NAME: _____

2) DATE OF BIRTH: _____

3) PROOF OF AGE: _____

4) DATE OF RESIDENCY IN PARK: _____

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY:

1) NAME: _____

2) ADDRESS: _____

3) CELL NUMBER: _____ HOME NUMBER _____

IF NOT A FULL TIME RESIDENT:

OTHER ADDRESS: _____

OTHER HOME NUMBER: _____

WE HAVE RECEIVED AND READ OF A COPY OF THE GOVERNING DOCUMENTS FOR GARDEN COVE, A COOPERATIVE, INCLUDING THE MASTER OCCUPANCY AGREEMENT, THE ARTICLES OF INCORPORATION, BY-LAWS, AND RULES AND REGULATIONS OF GARDEN COVE RESIDENCE ASSOCIATION, INC.

THE UNDERSIGNED ACKNOWLEDGE THAT BY CONTRACT AND LAW THAT IF HE/SHE/THEY AGREE WITH THE TERMS AND CONDITIONS CONTAINED IN THEM.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

By signing below you are granting permission to be included in the park directory.

Signature: _____