

SEACLIFF PARK RESIDENTS ASSOCIATION

A General Partnership
2700 Mar Vista Drive
Aptos, CA 95003
Telephone (831) 688-6824



DATE:

NAME:

I received from the Park Manager, Teri Brager, the following:

1. Application, Domicile form
2. Fourth Amended Partnership Agreement
3. Rules & Regulations
4. Emergency Form
5. Approval form for credit check
 - a) Requires your current address
 - b) Requires your social security number

The potential buyers, agree to reimburse Seacliff Park with the following:

1. A check for \$60.00 (\$100.00 for a couple) for a background check and credit report.

The potential buyers, if accepted, agree to provide the following:

1. A check for \$400.00 for State and County recording fees

You are required to do the following prior to the interview:

- Complete the Application, Domicile & Emergency Form.
- Provide the office with a photocopy of your driver's license.
- Read the current Partnership Agreement and Rules & Regulations.
- Attend an interview with the Management Committee for possible acceptance.

Signature

Date

Seacliff Park Residents Association, A General Partnership
2700 Mar Vista Drive, Aptos, CA 95003
Telephone (831) 688-6824



ACKNOWLEDGMENT, AGREEMENT & STATEMENT OF INTENT TO
ESTABLISH PERMANENT EXCLUSIVE DOMICILE AT SEACLIFF PARK
RESIDENTS ASSOCIATION

I, _____, 55 years of age, or older, having applied for residency in Seacliff Park Residents Association hereby, represent, acknowledge and agree that I intend to and shall hereafter occupy the premises at Seacliff Park, space number _____, Aptos, California, **as my sole and exclusive permanent domicile** commencing on _____, _____, _____.
Month Date Year

I further acknowledge, understand and agree that Seacliff Park Residents Association is a community for older persons, limited to households of which all members are at least 55 years of age as authorized by Federal Housing Act, and pursuant to the Fourth Amended Partnership Agreement recorded with the California Secretary of State and filed with the County of Santa Cruz.

I hereby covenant, promise and agree that my household at the above-referenced premises shall include no person under the age of 55 unless that person(s) is either receiving or supplying live-in health, live-in supportive care or supervision as provided for in Civil Code.

It is the intent of the Partnership that speculation be discouraged in the Park. A Partner may only sell the partnership share to a proposed incoming Partner, who applies for membership as such. A Partner who contracts or transfers for the sale of his or her mobile home or modular home to a party not intending to become or not capable of becoming a partner runs a risk that the outgoing Partner's partnership share will instead be purchased by the Partnership, and the Partnership will thereafter require that the Mobile home or modular home be removed from the property.

I further acknowledge that Seacliff Park Residents Association acceptance of my application for residency is made in direct reliance on the foregoing representations and promises, and that, in the event I fail to perform and abide by said promises and representations, my right to occupy the premises, and that of the other members of my household, may be subject to termination as allowed by law. I also agree to reimburse any legal services to Seacliff Park Residents Association they may incur in my failure to comply with this agreement.

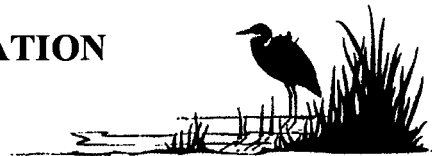
READ, CONSIDERED and AGREED:

Dated: _____ Partner of Record: _____

Dated: _____ Resident: _____

SEACLIFF PARK RESIDENTS ASSOCIATION

A General Partnership
2700 Mar Vista Drive, Aptos, CA 95003
Telephone (831) 688-6824



PLEASE PROVIDE YOUR EMERGENCY INFORMATION

Date: _____ Space # _____
Partner of Record: _____ Phone: _____
Spouse/Partner _____ Phone: _____
Additional Resident(s): _____ Phone: _____
Email address: _____

MEDICAL EMERGENCY INFORMATION

Primary Physician: _____ Phone _____
Care Giver Name: _____ Phone: _____
Hospital Preference _____
Medical Conditions: _____
Allergies: _____

EMERGENCY CONTACTS

Name: _____ Phone _____
Address _____ Relationship _____
2nd Person _____ Phone _____
Address _____ Relationship _____

Only to be used by the office in case of an emergency :

- You may provide a home key for the office to use: Yes _____ No _____
- If you do not wish to provide the office with a key, please let us know where one is hidden and which neighbors/friends know where it is

- Or give us your door code: _____
- Please list any pet(s) in the residence: _____

*** All information is confidential.

SEACLIFF PARK RESIDENTS ASSOCIATION, A General Partnership

2700 Mar Vista Drive Aptos, CA 95003

Telephone (831) 688-6824 FAX (831) 688-0413

SeacliffPRA@cruzio.com



AUTHORIZATION FOR RELEASE OF PERSONAL BACKGROUND INFORMATION

I, the undersigned, authorize Innovative Credit Solutions and/or any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to provide documentation of my current credit status, a credit report, criminal records (including felony and misdemeanor records), motor vehicle records, employment, education and any other background information needed in connection with a **Partnership and Residency Application to Seacliff Park Residents Association.**

Person reports are requested on:

Print Name: _____ Date _____

Print Name: _____ Date _____

Signature: _____

Signature: _____

Social Security # _____ Date of Birth: _____

Social Security # _____ Date of Birth: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Innovative Credit Solutions, Inc.
1009 Ferguson St, PO Box 1386
Columbia, SC 29202
Phone: 1-800-345-2746

SEACLIFF PARK RESIDENTS ASSOCIATION

A General Partnership

2700 Mar Vista Drive

Aptos, CA 95003

Telephone (831) 688-6824 FAX (831) 688-0413



2023

Receipt of \$59,000. was paid for the partnershare to Seacliff Park Residents Association for purchase of # This payment is only for the partnershare and nothing else.

Sincerely,

Teri Brager
Park Manager