



APPLICATION FOR OCCUPANCY

121 Golden Condominium Association, Inc.
Phone: 954 458-1029 Fax: 754 400-9977

FILL IN ALL BLANKS – APPLICATION MAY BE RETURNED IF NOT FULLY COMPLETED

Fee of \$ 100.00 p/p (background check)

USA, Canadians \$100 each, other nationalities \$300 each (or up to net cost of background check)

Fee MUST accompany this form

(Upon Approval Rental Unit Owner or tenant must forward \$500.00 security deposit payable to 121 Golden Condo Association)

Date: _____ Desired Date of Occupancy: _____
This application is for LEASE () PURCHASE () UNIT # _____
REALTOR'S NAME _____ PHONE # _____

NUMBER OF PEOPLE WHO WILL OCCUPY THIS UNIT _____

APPLICANT(S) INFORMATION

APPLICANT 1:

LAST NAME: _____ FIRST NAME: _____ MI _____
SSN: _____ DOB: _____ PHONE # _____
DRIVER'S LIC. #: _____ STATE: _____
MARITAL STATUS: Married () Separated () Divorced () Single ()
SSN: _____ DRIVER'S LIC. # _____ STATE: _____
EMAIL ADDRESS: _____

SPOUSE:

LAST NAME: _____ FIRST NAME: _____ MI _____

APPLICANT 2:

LAST NAME: _____ FIRST NAME: _____ MI _____
SSN: _____ DOB: _____ PHONE # _____
DRIVER'S LIC. #: _____ STATE: _____
MARITAL STATUS: Married () Separated () Divorced () Single ()

(List children under 18 Years of Age who will occupy)

NAME _____ AGE _____ NAME _____ AGE _____
NAME _____ AGE _____ NAME _____ AGE _____

PETS

PETS

PETS: YES () NO () TYPE: _____ HOW MANY: _____ WEIGHTS: _____

ONLY HOME BOUND PETS ARE PERMITTED
SERVICE DOGS ARE ALLOWED (MEDICAL DOCUMENTATION TO BE PROVIDED)

RESIDENTIAL HISTORY

PRESENT ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
OWN () RENT () FROM DATE: _____ TO DATE: _____
NAME OF LANDLORD: _____ PHONE # _____

PREVIOUS ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
OWN () RENT () FROM DATE: _____ TO DATE: _____
NAME OF LANDLORD: _____ PHONE # _____

PREVIOUS ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
OWN () RENT () FROM DATE: _____ TO DATE: _____
NAME OF LANDLORD: _____ PHONE # _____

VEHICLE(S) INFORMATION

VEHICLES: MAKE: _____ MODEL: _____ TAG #: _____ STATE: _____
MAKE: _____ MODEL: _____ TAG #: _____ STATE: _____

(ONLY ROOF GARDEN SOUTH IS PERMITTED MORE THAN 1 PARKING SPACE)

EMPLOYMENT HISTORY

ARE YOU: Self Employed YES () NO () RETIRED YES () NO ()
IF YES, PROVIDE YOUR Company's Information, or your last employer, as applicable

APPLICANT 1:

EMPLOYER: _____ FROM: _____ TO: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
DEPT/POSITION: _____ SUPERVISOR: _____
PREVIOUS EMPLOYER: _____ FROM: _____ TO: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
DEPT/POSITION: _____ SUPERVISOR: _____

APPLICANT 2:

EMPLOYER: _____ FROM: _____ TO: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
DEPT/POSITION: _____ SUPERVISOR: _____
PREVIOUS EMPLOYER: _____ FROM: _____ TO: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
DEPT/POSITION: _____ SUPERVISOR: _____

SPOUSE:

EMPLOYER: _____ FROM: _____ TO: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
DEPT/POSITION: _____ SUPERVISOR: _____
PREVIOUS EMPLOYER: _____ FROM: _____ TO: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
DEPT/POSITION: _____ SUPERVISOR: _____

PERSONAL REFERENCES

NAME1 _____ PHONE HOME: _____ WORK _____
ADDRESS _____ CITY _____ STATE _____
NAME2 _____ PHONE HOME: _____ WORK _____
ADDRESS _____ CITY _____ STATE _____

BANK REFERENCES

Bank Name: _____ PHONE: _____
City: _____ State: _____ Zip: _____

Have any applicant ever been arrested or convicted for anything other of a minor traffic offense?

YES () NO ()

If YES, please explain: _____

Applicant(s) represents that ***all*** information is true and correct and understands that as part of our procedure for processing the application, a Screening Consultant, will make an investigation from the information given and presents their findings to us for review. This investigation may include, but is not limited to character, general reputation, credit, residence and criminal searches.

Applicant(s) shown on these forms ***MUST*** be physically present at Screening.

Applicant(s) agree not to hold the Association or its Screening Consultant 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, residence, employment, and other information pertinent to this application.

Applicant(s) agree to pay any and all assessments for shortfalls due to foreclosures and short sales as required and specified by percentage by By-Laws even as applies to the unit they purchase.

Signatures:

Applicant 1: _____ Date: _____

Applicant 2: _____ Date: _____

Spouse: _____ Date: _____