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**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

FINANCIAL INSITUTION: CASH: \_\_\_\_\_\_\_\_\_\_\_ (Yes or No)

FINANCE: \_\_\_\_\_\_\_\_\_\_\_ (Yes or No)

LENDER INSTITUTION:

PRIMARY LENDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECONDARY LENDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## APPLICANT(S) INFORMATION

***APPLICANT 1***:

LAST NAME: FIRST NAME:

MI

SSN: DOB: DRIVER’S LIC. #:

PHONE # 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:** YES ( ) NO ( ) TYPE:

**PETS**

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: NAME OF LANDLORD:

TO DATE: PHONE #

PREVIOUS ADDRESS:

CITY:

STATE:

ZIP CODE:

OWN ( ) RENT ( ) FROM DATE: NAME OF LANDLORD:

TO DATE: PHONE #

PREVIOUS ADDRESS:

CITY:

STATE:

ZIP CODE:

OWN ( ) RENT ( ) FROM DATE: TO DATE: **\_\_\_\_\_\_\_\_\_\_**

NAME OF LANDLORD: PHONE #

**VEHICLE(S) INFORMATION**

**VEHICLES:** MAKE:

MAKE:

MODEL: MODEL:

TAG #: TAG #:

STATE:

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:

Revised April 4, 2017

Date: