



OWNER APPLICATION FOR OCCUPANCY

121 Golden Condominium Association, Inc.
121 Golden Isles Drive | Hallandale Beach, FL 33009

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

**Please submit one application per adult who will be occupying the property.
Application fee of \$100 for US/CA or \$300 for international must accompany the
application form.**

UNIT: _____ DATE: _____ EXPECTED CLOSING DATE: _____
REALTOR NAME: _____ PHONE #: _____

NUMBER OF PEOPLE WHO WILL OCCUPY THE UNIT (INCLUDING CHILDREN): _____

APPLICANT INFORMATION

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

(List children under 18 years of age who will occupy the unit)

NAME: _____ AGE: _____ NAME: _____ AGE: _____
NAME: _____ AGE: _____ NAME: _____ AGE: _____

PETS

**PLEASE NOTE ONLY HOME BOUND PETS ARE PERMITTED.
SERVICE/ASSISTANCE DOGS ARE ALLOWED WITH PROPER MEDICAL
DOCUMENTATION**

PETS: YES () NO () Type: _____ How Many: _____ Weight(s): _____

VEHICLE(S) INFORMATION

**Please note each unit comes with one reserved parking space. Additional paid parking is
available on the street. Residents may not park in guest parking.**

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



RESIDENTIAL HISTORY

Please provide at least three (3) years of residential history and references.

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

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

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

EMPLOYMENT HISTORY

Please provide at least three (3) years of employment history and references.

SELF EMPLOYED YES () NO () RETIRED YES () NO ()

EMPLOYER NAME: _____ TITLE/POSITION: _____
CITY: _____ STATE: _____ ZIP CODE: _____
START DATE: _____ END DATE: _____
OWN: () RENT: () FROM DATE: _____ TO DATE: _____
SUPERVISOR/REFERENCE: _____ PHONE #: _____

EMPLOYER NAME: _____ TITLE/POSITION: _____
CITY: _____ STATE: _____ ZIP CODE: _____
START DATE: _____ END DATE: _____
OWN: () RENT: () FROM DATE: _____ TO DATE: _____
SUPERVISOR/REFERENCE: _____ PHONE #: _____

EMPLOYER NAME: _____ TITLE/POSITION: _____
CITY: _____ STATE: _____ ZIP CODE: _____
START DATE: _____ END DATE: _____
OWN: () RENT: () FROM DATE: _____ TO DATE: _____
SUPERVISOR/REFERENCE: _____ PHONE #: _____



PERSONAL REFERENCES

Please provide three personal references

NAME 1: _____ PHONE #: _____
ADDRESS _____
CITY: _____ STATE: _____ ZIP CODE: _____

NAME 2: _____ PHONE #: _____
ADDRESS _____
CITY: _____ STATE: _____ ZIP CODE: _____

NAME 3: _____ PHONE #: _____
ADDRESS _____
CITY: _____ STATE: _____ ZIP CODE: _____

Has the applicant ever been arrested or convicted for anything other than a minor traffic offense?

YES () NO ()

If YES, Please explain: _____

Applicant represents that **all** information provided is true and correct. Any false or misleading information will result in the application being declined. Applicant also understands that as part of our procedure for processing the application a Screening Consultant will make an investigation from the information given and present their findings to us for review. This investigation may include, but is not limited to, character, general reputation, credit, residential, employment, income, and criminal searches.

Applicant agrees not to hold the Association or its Screening Consultant liable for the discovery, or non-discovery of information, or any action taken as a result of this investigation. Authorization is hereby given to release banking, credit, residential, employment, and other pertinent information.

APPLICANT NAME: _____

SIGNATURE: _____ DATE: _____