



## **RENTER 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: \_\_\_\_\_ DESIRED DATE OF OCCUPANCY: \_\_\_\_\_  
REALTOR/OWNER 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.**

**Please also include and submit proof of income for the past three months (pay stub, etc.)  
and all applicable W2 and/or 1099 forms for the previous year.**

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

EMPLOYER NAME: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_  
SUPERVISOR/REFERENCE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_  
SUPERVISOR/REFERENCE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
START DATE: \_\_\_\_\_ END 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: \_\_\_\_\_