

2019 13<sup>th</sup> Street  
St. Cloud, Florida 34769

Office: 407.343.0909  
Fax: 866.941.4691

**Association APPLICATION**

Please answer all requested information. Incomplete applications will not be processed. \$50.00 processing fee.

Property Address: \_\_\_\_\_

Please present your driver's license and social security card to the manager for verification:

\* Manager's initials after reviewing the driver's license and social security card: \_\_\_\_\_

**APPLICANT (S):**

FIRST	MIDDLE	LAST	BIRTH DATE	SOCIAL SEC #	DRIVER LIC. #
(spouse)					
If married, length of time:		Home Phone:	Cell Phone:		
Email:					
Spouse Email:			Cell:		
Other names used within last five (5) years for applicant and/or spouse: please indicate who:					
ADDITIONAL OCCUPANTS			BIRTH DATE	RELATIONSHIP TO APPLICANT	

**VEHICLES:**

Automobiles/Motorcycles	Make	Model	Color	Year	License Number

I/We hereby agree that no other person(s) except the above-named will occupy the demised premises at any time without the written consent of the Manager and that all adults residing in the premises are jointly-severally liable for all rent and damages incurred during the term of occupancy.

Applicant(s) represent that all information given on the application and any addendum to said application to be true and correct and hereby authorizes verification of all references and facts, including but not limited to obtaining Unlawful Detainer and Credit Reports. Applicant(s) hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information. This application is for qualification purposes only and does not in any way guarantee the applicant(s) that he/she will be offered this property. Processing fees are non-refundable. Applicant further understands that should the property be subject to the Rules and Regulations of a Homeowners Association or a Condominium Association, the Applicant, if approved for Tenancy, agrees to abide by all rules and regulations set forth by the Association. \_\_\_\_\_ initial of applicant

Dated: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

**OFFICE USE ONLY**

Board Approval: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Date Declined: \_\_\_\_\_ Manager Notified: \_\_\_\_\_