

TerraVerde 24 Condominium Association, Inc.

c/o Association Property Mangement Specialists, LLC

1642 Medical Lane Ste. B, Fort Myers, Florida 33907

Phone: 239-939-7088 ext. 205 Fax: 239-939-7892

Email: sheryl@associationmanagers.us

APPLICATION FOR OCCUPANCY

(PLEASE PRINT)

Complete all questions and attach additional sheets if needed. Return the completed Application together with a check in the amount of \$130 (\$100 application fee and \$30 credit check) payable to Association Property Management Specialists, LLC at the above address. The background check will be ordered once the completed paperwork is received.

DATE: _____ CHECK ONE: NEW OWNER ____ NEW OCCUPANT ____

OWNER(S) NAME ON PROPERTY DEED: _____

PROPERTY UNIT NO.: _____

IF PURCHASE, PLEASE CHECK ONE: PERMANENT RESIDENT ____ SEASONAL RESIDENT ____

IF LEASE, PLEASE PROVIDE DATES: FROM _____ TO _____

SALES & LEASING ARRANGEMENTS HANDLED BY: NAME _____

AGENCY NAME: _____ PHONE NO.: _____

PROPERTY RESIDENT: NUMBER OF PEOPLE TO OCCUPY UNIT: _____

1. NAME: _____

SOCIAL SECURITY NO. : _____ DATE OF BIRTH: _____

PHONE: _____ ALTERNATE PHONE: _____

EMAIL ADDRESS: _____

EMPLOYMENT: ARE YOU CURRENTLY EMPLOYED? YES ____ NO ____

EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____ PHONE NO.: _____

2. NAME: _____

SOCIAL SECURITY NO. : _____ DATE OF BIRTH: _____

PHONE: _____ ALTERNATE PHONE: _____

EMAIL ADDRESS: _____

EMPLOYMENT: ARE YOU CURRENTLY EMPLOYED? YES ____ NO ____

EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____ PHONE NO.: _____

OTHER OCCUPANT(S):

3. NAME: _____ RELATIONSHIP: _____ AGE: _____

4. NAME: _____ RELATIONSHIP: _____ AGE: _____

5. NAME: _____ RELATIONSHIP: _____ AGE: _____

RESIDENT HISTORY: INDICATE PREVIOUS ADDRESS OR IF 2ND RESIDENCE LIST PRIMARY ADDRESS:

PRIMARY RESIDENCE ____ MAILING ADDRESS ____ PREVIOUS ADDRESS ____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FROM: _____ TO: _____

REFERENCES

REFERENCE NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

REFERENCE NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

BANK REFERENCE NAME: _____ PHONE: _____

ADDRESS: _____ NO. OF YEARS: _____

VEHICLES

VEHICLE 1 COLOR: _____ MAKE: _____ MODEL: _____ LIC. PLATE NO.: _____

VEHICLE 2 COLOR: _____ MAKE: _____ MODEL: _____ LIC. PLATE NO.: _____

DO YOU OWN A TRUCK OR ANY VEHICLE THAT COULD BE CONSIDERED A TRUCK? YES ____ NO ____

The property managers and Board of Directors are available to answer any questions regarding the rules and regulations that govern the Association. If you have any questions, please contact management prior to signing this Application For Occupancy.

I (WE) HAVE RECEIVED, READ AND UNDERSTAND THE CONDOMINIUM DOCUMENTS AND RULES AND REGULATIONS FOR TERRAVERDE 24 CONDOMINIUM ASSOCIATION, INC. AND AGREE TO ABIDE BY ALL OF THE PROVISIONS OF THE RECORDED DOCUMENTS AND RULES AND REGULATIONS PURSUANT THERETO.

Signature

Date

Signature

Date

This Application may be subject to a fee pursuant to Florida Statute 718.111(12)(e)(1) for preparation of documents other than that required by law, provided that such fee shall not exceed \$150 plus the reasonable cost of photocopying and any attorney's fees incurred by the Association in connection with the Association's response.

**CREDIT APPLICATION
(PLEASE PRINT)**

Credit Cards

Card Holder	Card Name	Acct. No.	Acct. Bal.	Mo. Pmts.

Mortgage(s)

Mortgage Holder	Mortgage Co.	Acct. No.	Acct. Bal.	Mo. Pmts.

Auto Loan(s)

Debt/Obligation Holder	Bank/ Finance Co. Name	Acct. No.	Acct. Bal.	Mo. Pmts.

Other Loan(s), Debt(s) or Obligation(s)

Debt/Obligation Holder	Bank/ Finance Co. Name	Acct. No.	Acct. Bal.	Mo. Pmts.

Other Assets or Sources of Income

Description of Asset or Source of Income	Description of Asset or Other Source

I authorize Association Property Management Specialists, LLC on behalf of TerraVerde 24 Condominium Association, Inc. to verify the information provided on this form as to my credit, personal and employment history including obtaining a credit check.

Applicant Signature

Applicant Signature

Print Name

Print Name

Date: _____

Date: _____