



Updated 6/2025

## Kelly Greens Verandas IV Condominium Association, Inc.

c/o Coastal Association Services, LLC.

1314 Cape Coral Pkwy East, Suite 205 Cape Coral, Florida 33904

T: 239-689-3080 // F: 1-844-273-1058 // Email: [info@coastalassociation.biz](mailto:info@coastalassociation.biz)

### **\*\*\*AUTHORIZATION FORM\*\*\***

**SEPARATE APPLICATIONS ARE REQUIRED FOR APPLICANTS OVER THE AGE OF 18 IF THEY ARE NOT THE SPOUSE OF THE APPLICANT. A COPY OF A VALID DRIVERS LICENSE OR PHOTO ID IS REQUIRED FOR ALL APPLICANT'S OVER THE AGE OF 18.**

By signing, the applicant recognizes that Kelly Greens Verandas IV Condominium Association, Inc. or its agent Coastal Association Services, LLC. may obtain and verify a consumer credit report, along with an investigation of my background which may include information regarding to my character, banking history, criminal history, present and prior residential history and past and present employment history. I/We agree to indemnify and hold harmless the above Association and its agent, Coastal Association Services, LLC., it's employees, Officers and Directors, affiliates, sub-contractors and agents from any loss, expense, or damage which may result directly or indirectly from information or reports furnished by Coastal Association Services, LLC.

I/We hereby waive any privileges I/We may have with respect to the said information in reference to its release to the aforesaid party. Information obtained on this report is to be released to the Condominium Association Board of Directors and / or screening committee only.

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

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Social Security Number

\_\_\_\_\_  
Applicant Date of Birth

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Spouse's Printed Name

\_\_\_\_\_  
Spouse's Social Security Number

\_\_\_\_\_  
Spouse's Date of Birth

\_\_\_\_\_  
Date Signed

1314 Cape Coral PKWY East, Suite 205, Cape Coral, Florida 33904 // T: 239-689-3080 // F: 1-844-273-1058

[www.coastalassociation.biz](http://www.coastalassociation.biz)



**APPLICATION FOR OCCUPANCY – FOR SALE OR ANNUAL LEASE ONLY**  
**PLEASE PRINT - BLACK INK ONLY**

COMPLETE ALL QUESTIONS AND FILL IN ALL BLANKS  
RETURN, WITH A COPY OF THE **LEASE OR PURCHASE CONTRACT** and an  
**Application Fee of \$150.00 per application** made payable to **Coastal Association Services, LLC.**  
We Accept Cash, Business, Cashier's or Money orders. **(No Personal Checks)**

A CREDIT HISTORY AND BACKGROUND CHECK MAY BE ORDERED AND THE BOARD MAY CONDUCT AN INTERVIEW PRIOR TO APPROVAL. Please allow 15 days for approval after all information is received by Coastal Association Services, LLC.

Address of Unit being Purchased/Leased: \_\_\_\_\_

Number of people to occupy the unit: \_\_\_\_\_

**Purchaser / Renter Information (circle one)**

**Date of Occupancy or Closing Date (Sale):** \_\_\_\_\_

**Lease Start Date:** \_\_\_\_\_ **Lease End Date:** \_\_\_\_\_ **(12 MONTHS ONLY)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Other Occupant(s):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

**If Purchasing the home please indicate use:** Permanent Residence: \_\_\_\_\_ Rental: \_\_\_\_\_  
Seasonal Residence: \_\_\_\_\_ Other (Specify): \_\_\_\_\_

**If Purchasing – Official Mailing Address AFTER Closing:**

\_\_\_\_\_

1314 Cape Coral PKWY East, Suite 205, Cape Coral, Florida 33904 // T: 239-689-3080 // F: 1-844-273-1058

[www.coastalassociation.biz](http://www.coastalassociation.biz)



Name of Current Owner \_\_\_\_\_

Name and Phone Number of Realtor: \_\_\_\_\_

Name and Phone Number of Closing Agent: \_\_\_\_\_

In Case of Emergency Notify:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Kelly Greens Verandas IV Condominium Association, Inc. DOES NOT ALLOW TENANTS TO HAVE PETS.**

Do you have any Pets (Purchaser Only): Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, What is the name of your Pet(s): \_\_\_\_\_

What type/breed is your pet(s): \_\_\_\_\_

How many pounds: \_\_\_\_\_

**Miscellaneous:**

Do you own a water bed: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you smoke: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you own real estate: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain where: \_\_\_\_\_

Have you ever been evicted from any rental premises: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever willfully and intentionally refused to pay rent when due: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_



### Personal Information

Vehicle Type: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

### Nearest Relative Not Living With You:

Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Two (2) Work References:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

### Two (2) Personal References:

Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1314 Cape Coral PKWY East, Suite 205, Cape Coral, Florida 33904 // T: 239-689-3080 // F: 1-844-273-1058

[www.coastalassociation.biz](http://www.coastalassociation.biz)



Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Residence History (At Least 5 Years)**

Present Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Your E-Mail Address: \_\_\_\_\_

Current Landlords Name: \_\_\_\_\_

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

Landlords Phone: \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Prior Residency Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Prior Landlords Name / Address: \_\_\_\_\_

Landlords Phone: \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

### **Employment & Bank References**

Currently Employed: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Retired: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Employed By / Retired From: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Monthly Salary/: \$ \_\_\_\_\_  
Retirement Income



Spouse Employed By / Retired From: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Monthly Salary/: \$ \_\_\_\_\_  
(If Less Than 5 Years At Present Employment) Retirement Income

Prior Employer \_\_\_\_\_

Length of Employment: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Spouse's Prior Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Bank Reference (Name): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ How Long \_\_\_\_\_



I/We have received, read and understand the Governing Documents/Rules & Regulations Kelly Greens Verandas IV Condominium Association, Inc. Further, I/We agree to honor and abide by all of the provisions according to Governing Documents/Rules & Regulations for Kelly Greens Verandas IV Condominium Association, Inc. . COMPLETE documents can be found online at: [www.coastalassociation.biz](http://www.coastalassociation.biz), Communities Tab, Kelly Greens Verandas IV

By signing, the applicant recognizes that Kelly Greens Verandas IV Condominium Association, Inc or its agent Coastal Association Services, LLC. may obtain and verify a consumer credit report, along with an investigation of my background which may include information regarding to my character, banking history, criminal history, present and prior residential history and past and present employment history. I/We agree to indemnify and hold harmless the above Association and its agent, Coastal Association Services, LLC., it's employees, Officers and Directors, affiliates, sub-contractors and agents from any loss, expense, or damage which may result directly or indirectly from information or reports furnished by Coastal Association Services, LLC..

I/We certify that all of the above furnished information is true and accurate, should there be any discrepancies and/or false information provided, I understand that this application is null and void.

As required by law, this information is kept strictly confidential.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_

**I/We Have (Please Initial):**

\_\_\_\_\_ Fully completed, initialed & signed this Application for Occupancy

\_\_\_\_\_ Provided Valid Driver's License(s)/IDs for all Applicants age 18 and older

\_\_\_\_\_ Provided fully executed Purchase Contract OR Lease Agreement

\_\_\_\_\_ Obtained & Read Governing Documents/Rules & Regulations from [www.coastalassociation.biz](http://www.coastalassociation.biz), Communities Tab, Kelly Greens Verandas IV

