



Key West Professional Centre 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

APPLICATION FOR OCCUPANCY PLEASE PRINT

COMPLETE ALL QUESTIONS AND FILL IN ALL BLANKS
RETURN, WITH A COPY OF THE **LEASE OR PURCHASE CONTRACT** and an
Application Fee of \$50.00 per application made payable to Coastal Association Services, LLC.

Please allow 30 days for approval after all information is received by Coastal Association Services, LLC.

Date of occupancy: _____

Address of Unit being Leased/Purchased: _____

Number of people to occupy the unit: _____

Purchaser / Renter Information:

If leasing please indicate the **Lease Starting Date:** _____ **Lease Ending Date:** _____

Name: _____ Date of Birth: _____

Drivers License Number: _____ Social Security Number: _____

E-Mail Address: _____ Phone: _____

Partner's Name: _____ Date of Birth: _____

Drivers License Number: _____ Social Security Number: _____

E-Mail Address: _____ Phone: _____

If Purchasing – Official Mailing Address After Closing:



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: _____

Miscellaneous:

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: _____

Two Work References:

Name: _____

Title: _____

Address: _____

Phone Number: _____

Name: _____

Title: _____

Address: _____

Phone Number: _____

PO Box 152930 // Cape Coral, Florida 33915 // T: 239-689-3080 // F: 1-844-273-1058



Two Personal References:

Name: _____

Address: _____

Relationship: _____

Phone Number: _____

Name: _____

Address: _____

Relationship: _____

Phone Number: _____

Employment & Bank References

Currently Employed: Yes: _____ No: _____ Retired: Yes: _____ No: _____

Employed By / Retired From: _____

Address: _____

Phone Number: _____

Length of Employment: _____ Monthly Salary: \$ _____

(If Less Than 5 Years At Present Employment)

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 Key West Professional Centre Condominium Association, Inc. Further, I/We agree to honor and abide by all of the provisions according to Governing Documents/Rules & Regulations for Key West Professional Centre Condominium Association, Inc..

By signing, the applicant recognizes that Key West Professional Centre Condominium Association, Inc., or its agent Coastal Association Services, LLC., may obtain and verify a 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: _____

Applicant Name: _____

Applicant Signature: _____