



Updated Oct 2024

The Villas of Cross Creek II 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

*****AUTHORIZATION FORM*****

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

By signing, the applicant recognizes that The Villas of Cross Creek II 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 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

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**APPLICATION FOR OCCUPANCY
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 **20** days for approval after all information is received by Coastal Association Services, LLC.

***Minimum Lease Term is 90 Days. Unit may not be leased more than twice in a 12 month period**

***Tenants are NOT PERMITTED to have pets.**

Date of occupancy: _____

Address of Unit being Leased/Purchased: _____

Number of people to occupy the unit:_____ (Maximum Occupancy Per Unit is **6 persons**)

Purchaser / Renter Information (Circle one):

Occupancy Start Date: _____ **Occupancy Ending Date:** _____

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:

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_____ Applicant/Spouse Initials



Name of Current Owner _____

Name and Phone Number of Realtor: _____

Name and Phone Number of Closing Agent: _____

In Case of Emergency Notify (For Purchase OR Lease):

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

Villas of Cross Creek II Condominium Association, Inc. DOES NOT ALLOW TENANTS TO HAVE PETS.

UNIT OWNERS - Limited to one (1) dog or cat, limited to twenty-five (25) pounds at maturity.

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

If yes, What is the name of your Pet: _____

What type/breed is your pet: _____ How many pounds: _____

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: _____



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: _____

Work Reference:

Name: _____

Title: _____

Address: _____

Phone Number: _____

Personal Reference:

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 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/: \$ _____
Retirement Income

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I/We have received, read and understand the Governing Documents/Rules & Regulations of The Villas of Cross Creek II Condominium Association, Inc. Further, I/We agree to honor and abide by all of the provisions according to Governing Documents/Rules & Regulations for The Villas of Cross Creek II Condominium Association, Inc.

By signing, the applicant recognizes that The Villas of Cross Creek II 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 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, Communities Tab, Villas II Cross Creek

