

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.

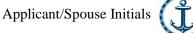
By signing, the applicant recognizes that The Villas of Cross Creek II Condominium Association, Inc. or its agent Coastal Association Services, LLC. may obtain and verify a consumer credit report, along with an investigation of my background which may include information regarding my character, banking 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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www.coastalassociation.biz



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:(M	aximum Occupancy Per Unit is	6 persons)
Purchaser / Renter Information (Circle one):		
Occupancy Start Date: Occu	pancy Ending Date:	
Name:	Date of Birth:	
Drivers License Number:	Phone Number:	
E-Mail Address:		
Spouse's Name:	Date of Birth:	
Drivers License Number:	icense 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: Seasonal Residence: Other (Specify):	Permanent Residence:	
If Purchasing – Official Mailing Address After Cl	osing:	

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:	
Address:	
Do you have any Pets (Purchaser Only): Yes: No: If yes, What is the name of your Pet: What type/breed is your pet: Miscellaneous:	
Do you own real estate: Yes: No: If yes, please explain where:	
Have you ever been evicted from any rental premises: Yes: If yes, please explain:	No:
Have you ever willfully and intentionally refused to pay rent when If yes, please explain:	n due: Yes: No:
Have you ever been convicted of a felony? Yes: No: If yes, please explain:	

_ Applicant/Spouse Initials

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
Empl	loyment References
Currently Employed: Yes: No	o: No: 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

_ Applicant/Spouse Initials

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 Na	ame:
Applicant Sig	gnature:
Spouse Name	e:
Spouse Signa	ature:
I/Wo Hovo (Dleage Initial).
1/ We nave (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