

Vizcaya Villas Homeowners' 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 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 Vizcaya Villas Homeowners' 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		

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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 \$150.00 per application made payable to Vizcaya Villas**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 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 (Circle One):		
If leasing please indicate the Lease Starting Date:	Lease Ending Date:	
Name:	Date of Birth:	
Drivers License Number:	Phone #:	
E-Mail Address:		
Spouse's Name:	Date of Birth:	
Drivers License Number:	Phone #:	
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 Clo	G	

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:			
Do you have any Pets: 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 pr If yes, please explain:			
Have you ever willfully and intentionally refus If yes, please explain:			No:
Have you ever been convicted of a felony? Ye If yes, please explain:			

Personal Information

Vehicle Type:	Color:	
License Plate Number:		
Vehicle Type:	Color:	
License Plate Number:		
Nearest Relative Not Living With You:		
Name:		
Address:		
Relationship:		
Phone Number:		
Two Work References:		
Name:		
Title:		
Address:		
Phone Number:		
Name:		
Title:		
Address:		
Phone Number:		

Two Personal References:		
Name:		
Address:		
Relationship:		
Phone Number:		
Name:		
Address:		
Relationship:		
Phone Number:		
Residence 1	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

Employed By / Retired From:	Currently Employed:	Yes:	No:	Retired:	Yes:	No:
Phone Number:	Employed By / Retired Fr	rom:				
Length of Employment: Monthly Salary: \$ Spouse Employed By / Retired From: Address: Monthly Salary: \$	Address:					
Spouse 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: Spouse's Prior Employer: Length of Employment: Address: Phone Number: Bank Reference (Name): Phone: Phone:	Phone Number:					
Address:	Length of Employment: _			Mo:	nthly Salary: S	\$
Phone Number: Monthly Salary: \$ Length of Employment: Monthly Salary: \$ (If Less Than 5 Years At Present Employment) Prior Employer Length of Employment: Address: Phone Number: Length of Employer: Length of Employment: Address: Phone Number: Bank Reference (Name): Phone:						
Length of Employment: Monthly Salary: \$	Address:					
(If Less Than 5 Years At Present Employment) Prior Employer Length of Employment: Address: Phone Number: Spouse's Prior Employer: Length of Employment: Address: Phone Number: Bank Reference (Name): Phone:	Phone Number:					
Prior Employer	Length of Employment: _			Mo:	nthly Salary: S	\$
Length of Employment:	(If Less Than 5 Years At	Present Emplo	oyment)			
Address:	Prior Employer					
Phone Number: Spouse's Prior Employer: Length of Employment: Address: Phone Number: Bank Reference (Name): Phone:	Length of Employment: _					
Spouse's Prior Employer: Length of Employment: Address: Phone Number: Bank Reference (Name): Phone:	Address:					
Length of Employment:	Phone Number:					
Address: Phone Number: Bank Reference (Name): Phone:	Spouse's Prior Employer	:				
Phone Number: Bank Reference (Name): Phone:	Length of Employment: _					
Bank Reference (Name):Phone:	Address:					
	Phone Number:					
	Bank Reference (Name):			Pho	one:	
AUULAA.						

Governing documents can be obtained at: www.coastalassociation.biz/vizcaya-villas/ Applicant's/spouse's initials required I/We have received, read and understand all Governing Documents/Rules & Regulations for Vizcaya Villas Homeowners' Association, Inc. Further, I/We agree to honor and abide by all of the provisions according to Governing Documents/Rules & Regulations for Vizcaya Villas Homeowners' Association, Inc., including but not limited to: 1. No vehicles are permitted in guest parking unless they are the guest of the owner/tenant. 2. No Ads of any kind on vehicles. Company vehicles with ads are ONLY permitted during work hours at the Property. 3. Note trash schedule and proper location of storing trash cans. Trash cans are to be properly stored away every Thursday afternoon and subject to removal by HOA, at the cost of the property owner. 4. Parking spaces are assigned to each unit; for any extra spots, please contact Andrea at (239) 628-3138. Andrea is a private owner of the lots upfront, and the Association shares no liability or responsibilities. By signing below, the applicant recognizes that Vizcaya Villas Homeowners' 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's Signature:

Spouse Name: _____

Spouse's Signature: