Hypoluxo's Mariner's Cay Condominium Association
50 Scotia Dr., Hypoluxo, FL 33462 (Ph.) 561-588-1117 (Fax) 561-588-1123 Marinerscay@mail.com

Application for Residency

The Association requires the written approval and will issue a "Certificate of Approval for Residency" by the Board of Directors prior to any person residing in any unit located in Hypoluxo's Mariner's Cay (Mariner's Cay). No member, director, officer, or agent of the association is authorized to give verbal approval for residency.

Please be aware that a completed application and the required fees must be received at the Mariner's Cay office: **50 Scotia Dr., Hypoluxo, FL 33462** not less than **14 days** *prior to the date that an answer is required*.

APPLICATION FEES:

Application for Residency fee is $150.00 per person unless the application is for a married couple or dependent child. Application fee is **non-refundable fee** and is not contingent on the approval of this application. Make the check payable to **Mariner's Cay Condominium Association.**

REQUIRED FORMS:

1. Full, completed Application for Residency – **all pages** (applies to all residents or owners) – If "unmarried" then **each applicant** must complete their own application, except for minor children.
2. **Legible copy** of government issued driver's license or passport
3. Picture of **any pet(s)** that will reside in the unit **and current vaccination** form(s)
4. Copy of the **current vehicle registration**(s)
5. Copy of the **executed lease or rental agreement** (applies to any lease or rental)
6. Copy of the **purchase agreement** (applies to any pending sale or title transfer)
7. Fully executed **Hypoluxo's Mariner's Cay – Lease Enforcement Agreement** if needed
8. **Copy** of background check if providing

New owners/tenants must schedule a move-in meeting to:

1. Receive the approval for residency
2. Complete Owner/tenant informational sheets
3. Have access/key cards transferred/issued
4. Have parking decals issued for your vehicle(s)

This application is regarding the: _____Lease/Rental _____Sale

Date: _____ Bldg.: _____ Unit: _____

PERSONAL REFERENCES: (Do not list relatives)

Name: ____ Phone: _________________________

Address: ____

Name: ____ Phone: _________________________

Address: ____

CRIMINAL BACKGROUND:
Have you ever been convicted of a federal offense? **Yes____________________ No________________**

Are you presently awaiting trial on any criminal offense? **Yes________________ No ________________**

***If* Yes to above:** provide dates, name of court, and details of conviction on a separate sheet of paper.

AUTHORIZATION FOR CRIMINAL & CREDIT CHECK:
I (We) hereby issue authority and permission for the Association and its agent to use investigative agencies and/or credit agencies selected by the Association or its agents for the purpose of obtaining information concerning my (our) credit and/or criminal history.
I (We) agree to hold harmless the Association and its agents from any liability arising from the acceptance or *use* of information, received, and relied upon in making decisions, from any investigation agency, credit agency, or other sources of information.

Print Name of Prospective Resident: ______________________________________ Date: ___________

Print Name of Prospective Resident: ______________________________________ Date: ___________

Signature of Prospective Resident: _______________________________________ Date: ___________

Signature of Prospective Resident: _______________________________________ Date: ___________

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Realtor Contact Information:

Name: ____ Phone: ______________________________________

Email: ____
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Last Name ___________________________ **First** Name ________________________ Middle Name ______________ Jr/Sr. ______

Social Security # _______________________________ Driver's License/ID # _______________________________ State ________

Birthdate __________ Height _____Weight _____Sex ____Eye Color _____Hair Color ____

Marital Status: SGL _______ Married ________ Divorced ________ Widowed ________ Separated ___________

Email address: ____

Are you an active service member? Yes __________________________ No ____________________

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Current Home Address____________________________________ Apt______ City_________________________ St._____ Zip________

Your Phone # ______________________________ Current Monthly Rent/Payment ____________________________ Date Moved In _______

Apt Name _______________________________ Manager/Owner's Name _____________________________ Phone # ___________________

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Present Employer____ Address____

City/State/Zip____ Work Phone #_______________________ Position________

Your Gross Monthly Income______________________________________ Date you began this job________________________

Current Supervisor's Name and phone #____

If less than 12 months provide the previous employer: ____

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Spouse's Full Name ____ Social Security #__________________________

Spouse's Driver's license/ID# and State__________________________________ Birthdate____________________________

Phone # ______________________________   Email address: __________________________________

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Spouse's Present Employer_______________________________________ Address_______________________________________

City/State/Zip____ Spouse's Work Phone____________________________

Position___________________________ Date Job Began______________________ Gross Monthly Income_____________

Spouse's Supervisor's Name and Phone____

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Other Occupants: Name_________________________ Relationship__________________________ Sex____ Birthdate___________

Social Security Number_________________________ DL or ID Card #____

Other Occupants: Name_________________________ Relationship__________________________ Sex____ Birthdate___________

Social Security Number_________________________ DL or ID Card #____

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List all vehicles to be parked on the property by you, spouse, or other occupants:

MAKE_____________ **MODEL**_____________ **COLOR** ________**YEAR**________________**LICENSE PLATE #**____________________**STATE**_______

MAKE_____________ **MODEL**_____________ **COLOR** ________**YEAR**________________**LICENSE PLATE #**____________________**STATE**_______

MAKE_____________ **MODEL**_____________ **COLOR** ________**YEAR**________________**LICENSE PLATE #**____________________**STATE**_______

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Will you or any occupant have an animal? ________ YES ________NO
Note: Only **TWO –** (2) pet(s) are allowed and **may not weigh more** than a **total of 35 lbs**.
Working Service Animal or ESA: _______YES _______NO (**Request the separate application for the above animal if applicable)**
***817.265 False or fraudulent proof of need for an emotional support animal.**—A person who falsifies information or written documentation, or knowingly provides fraudulent information or written documentation, for an emotional support animal under s. 760.27, or otherwise knowingly and willfully misrepresents himself or herself, through his or her conduct or through a verbal or written notice, as having a disability or disability-related need for an emotional support animal or being otherwise qualified to use an emotional support animal, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. In addition, within 6 months after a conviction under this section, a person must perform 30 hours of community service for an organization that serves persons with disabilities or for another entity or organization that the court determines is appropriate.
****** A **picture** of the pet(s) must be included for identification purposes, **current vaccination(s)**, and **expected mature weight certificate(s)** must be submitted from a veterinarian.

NAME/COLOR ______________________________BREED/WEIGHT/AGE______________________________________

NAME/COLOR ______________________________BREED/WEIGHT/AGE______________________________________

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Check only if applicable:
Have you, your spouse, or any occupant ever: _______________________ been evicted or asked to move out?
____________ Broken a rental agreement? ______________ Declared Bankruptcy? __________Been sued for rent or property damage?

____________ Been charged, detained, or arrested for a felony or sex crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision or pretrial diversion?

____________ Been charged, detained, or arrested for a felony or sex related crime that has not been resolved by any method? Please indicate the year, location, and type of each felony and/or sex crime on a separate piece of paper.
If none of the above is checked, you are declaring the answer to be "no" to all

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Emergency Contact (Someone over 18 and not living with you):
Name: ____
Work/Home/Cell Phone: _________________________________Relationship: _______________________________
Is this person authorized to enter the property in the event of death or illness of you, your spouse, or your child, if you are missing or in a correctional facility to remove the contents, mailbox contents, garage, storage area or common area or yard? _______Yes _______ NO
If you are seriously ill or injured, you authorize Hypoluxo's Mariner's Cay to call EMS or send for an ambulance at your expense although we are not obligated to do so.