Application for Occupancy

Complete all questions and fill in the blanks. If any question is not answered or left blank, this application may be returned, not processed, and not approved. Print legible or type all information.

Note: Reference's phone numbers should be reachable between 9:00 am and 5:00 pm, EST, Monday to Friday, and must include area code.

IDENTIFICATION

Association Name: __St. Tropez on the Bay_____ Apt. # _705_ Bldg. # _3__ ☐ Purchase ✓Lease

Property Address: ___250 Sunny Isles Blvd., #3-705 Sunny Isles Beach, FL 33160_____

Today's Date: _____ Desired Date of Occupancy: _____ Closing Date (If Purchasing):___N/A_____

Name: _____ Cell Phone: _____

Email Address: _____ DOB: _____ SS#: _____

Convicted of a crime: ☐ Yes ☐ No Filed for bankruptcy: ☐ Yes ☐ No Been Evicted: ☐ Yes ☐ No

If Yes, Describe: _____

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Corporate/Trust

Spouse's Name: _____ Cell Phone: _____

Email Address: _____ DOB: _____ SS#: _____

Convicted of a crime: ☐ Yes ☐ No Filed for bankruptcy: ☐ Yes ☐ No Been Evicted: ☐ Yes ☐ No

If Yes, Describe: _____

No. of Persons who will occupy the property: _____Adults over 18 _____ Children

Occupant's Name & Age
(Do not include husband/wife)

1. _____
2. _____
3. _____

Smoking allowed: ☐ Yes ✓No
Pets allowed: ☐ Yes ✓No
If Landlord/ Association allows pets: Breed _____ Weight _____

Emergency Contact Information: Name: _____ Cell Phone: _____

Applicant's Initials _____ Co-Applicant's Initials _____

RESIDENCY HISTORY

(Please print full address including Unit # and Zip Code, phone area code as well)

Present Address: _____ Community Name: _____

Residency from: _____ tp: _____ Rent Amount: $_____ Mtg No.: _____

Landlord's Name: _____ Landlord's Cell No.: _____

Previous Address: _____ Community Name: _____

Residency from: _____ tp: _____ Rent Amount: $_____ Mtg No.: _____

Landlord's Name: _____ Landlord's Cell No.: _____

Previous Address: _____ Community Name: _____

Residency from: _____ tp: _____ Rent Amount: $_____ Mtg No.: _____

Landlord's Name: _____ Landlord's Cell No.: _____

EMPLOYMENT BANK REFERENCES

Current Employer: _____ Phone No.: _____

Address: _____ Annual Income: $_____

Position: _____ How Long: _____ Supervisor: _____

Previous Employer: _____ Phone No.: _____

Address: _____ Annual Income: $_____

Position: _____ How Long: _____ Supervisor: _____

Previous Employer: _____ Phone No.: _____

Address: _____ Annual Income: $_____

Position: _____ How Long: _____ Supervisor: _____

BANK/Branch: _____ Account Name _____ How Long: _____

Address: _____ Phone No,: _____

Applicant's Initials _____ Co-Applicant's Initials _____

CHARACTER REFERENCES

Name: _____ Phone No.: _____

Address: _____ How Long Known: _____

Name: _____ Phone No.: _____

Address: _____ How Long Known: _____

Name: _____ Phone No.: _____

Address: _____ How Long Known: _____

VEHICLE IDENTIFICATION

(**Note**: Confirm Association's vehicle parking policies and restrictions that may affect your occupancy decision)

Make: _____ Model/Type: _____ License/Tag No.: _____ State: _____

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Make: _____ Model/Type: _____ License/Tag No.: _____ State: _____

DL's Primary Applicant Name: _____ No.: _____ State: _____

DL's Secondary Applicant Name: _____ No.: _____ State: _____

DL's Other Resident Name: _____ No.: _____ State: _____

DL's Other Resident Name: _____ No.: _____ State: _____

Applicant's Initials _____ Co-Applicant's Initials _____

NOTICE

lf this application is not legible, or is not completely and accurately filled out, Landlord and the Residential Community association in which occupancy is sought ("Association") will not be liable or responsible for such omission or illegibility.

By signing, the applicant recognizes that the Landlord, Association, or their agents may investigate the information supplied by the applicant, and a full disclosure of pertinent facts may be made by them. An investigation may be made of the Applicant's character, general disposition, and mode of living if applicable. The Association/Landlord may also require a Consumer Report through a credit reporting agency which may be covered by the Fair Credit Reporting Act. (FCRA). The applicant must cover the cost of the background check.

I hereby authorize the Landlord, Association, or their agents to research and obtain any personal, financial, credit, civil and criminal history for myself and/or others on this application, and do hereby release and hold harmless the Landlord, the Association, and their agents from any liability.

I represent that the Information provided in this Application for Occupancy is true and correct to the best of my knowledge.

_____ _____

Applicant' Name Co-Applicant's Name

_____ _____ _____ _____

Applicant's Signature Date Co-Applicant's Signature Date

Applicant's Initials _____ Co-Applicant's Initials _____