MOONGLOW CONDOMINIUM ASSOCIATION
7416-7424 BYRON AVENUE
MIAMI BEACH, FL 33141

Application for Residency *(Purchase or Lease)*

Date _____ Unit _____

***IMPORTANT**: Each co-resident/co-applicant must submit separate applications.*

PERSONAL INFORMATION

Applicants Name _____ Date of Birth _____ SS No _____
First Middle Last

Marital Status _____ Driver License No _____ State _____

Spouse's Name _____ Date of Birth _____ SS No _____
First Middle Last

Driver License No _____ State _____

Other Occupants

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Do you own pets?_____ If yes, type *(breed)*_____ Size/Weight_____

Emergency contact ***(Name/Phone)*** _____

RESIDENT HISTORY

Present Street Address _____ State _____ Zip _____

Phone (____) _____ To/From _____ Monthly Payment $_____

Landlord's Name _____ Phone (____) _____

Reason For Moving _____

Previous Street Address _____ State _____ Zip _____

To/From _____ Monthly Payment $_____ Landlord's Name _____

Phone (____) _____ Reason For Moving _____

Have you ever been evicted from any leased property? _____ If Yes, Provide detailed explanation. ***(Use reverse side of this application)***

EMPLOYMENT HISTORY

Present employer _____ Supervisor _____

Address _____ Phone (____) _____

Position _____ Date of employment _____ Gross weekly salary $_____

Previous employer _____ Supervisor _____

Address _____ Phone (____) _____

Position _____ Dates of employment _____ Gross weekly salary $_____

Spouses employer _____ Supervisor_____

Position _____ Phone (____) _____ Salary $_____

PERSONAL REFERENCES

Name_____ Phone (____) _____ Phone (____) _____

Name_____ Phone (____) _____ Phone (____) _____

Name_____ Phone (____) _____ Phone (____) _____

MOONGLOW CONDOMINIUM ASSOCIATES
7490 75TH TERRACE AVENUE
MIDDLETON, FL 33147

Application for Residency *(Purchase or Lease)*

Date _____ Unit _____

BANK INFORMATION

Account No_____ Account type _____ Bank Name and Branch_____

Account No_____ Account type _____ Bank Name and Branch_____

Account No_____ Account type _____ Bank Name and Branch_____

Account No_____ Account type _____ Bank Name and Branch_____

CREDIT REFERENCES

Creditor_____ Account No_____ Mo Payment $_____

Creditor_____ Account No_____ Mo Payment $_____

Creditor_____ Account No_____ Mo Payment $_____

Creditor_____ Account No_____ Mo Payment $_____

(If necessary use reverse side of this application to list additional accounts)

VEHICLES

Year _____ Make_____ Tag No _____ State _____ Registered to _____

Year _____ Make_____ Tag No _____ State _____ Registered to _____

Year _____ Make_____ Tag No _____ State _____ Registered to _____

Applicant(s) has submitted the sum of $ 75 which is non-refundable payment for credit check processing and verification of the application payable to MOONGLOW CONDOMINIUM ASSOC.

MOONGLOW CONDOMINIUM ASSOCIATION, are hereby authorized and given the right to verify by reasonable means all of the information disclosed by the applicant(s) in this application, any additional documents in the application packet, exhibits and/or attachments. Applicant(s) certify that all of the information disclosed to MOONGLOW CONDOMINIUM ASSOCIATION are true and correct. Furthermore, applicant(s) certify it has not knowingly omitted any information from this application, any additional documents in the application packet, exhibits and/or attachments.

Applicants signature _____ **Date** _____

Spouse's signature _____ **Date** _____

Interviewed by _____ Date _____

EACH APPLICANT MUST SIGN & DATE ABOVE WITHOUT A SIGNATURE(S) THE ASSOCIATION CANNOT PROCESS THIS APPLICATION.