

**IMPORTANT NOTE:** Complete all questions and fill in all blanks. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can not be cancelled or refunded.

PLEASE USE BLACK INK

**\*\*\* THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! \*\*\***

## **APPLICATION FOR OCCUPANCY**

Association Name: \_\_\_\_\_

**NOTE: All information supplied is subject to verification. All telephone numbers must be able to be reached between 9-5 P.M.** Date \_\_\_\_\_

Purchase  Lease  Occupant  Apt.# \_\_\_\_\_ Bldg.# \_\_\_\_\_ Address applied for: \_\_\_\_\_

**Full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

Single  Married  Separated  Divorced  How Long? \_\_\_\_\_ Other legal or maiden name \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_ County/State Convicted in \_\_\_\_\_

Charge (s) \_\_\_\_\_

**Spouse** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

Maiden Name \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_

County/State Convicted in \_\_\_\_\_ Charge (s) \_\_\_\_\_

No. of people who will occupy unit – Adults (over age 18) \_\_\_\_\_ Description of Pets \_\_\_\_\_

Names and ages of others who will occupy unit \_\_\_\_\_

Applicants Cell Number(s) \_\_\_\_\_ Applicants Email Address \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### **PART I – RESIDENCE HISTORY**

A. Present address \_\_\_\_\_ Phone \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Own Home  Parent/Family Member  Rented Home  Rented Apt  Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Mortgage Holder \_\_\_\_\_ Mortgage No. \_\_\_\_\_ Phone \_\_\_\_\_

B. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Own Home  Parent/Family Member  Rented Home  Rented Apt  Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Mortgage Holder \_\_\_\_\_ Mortgage No. \_\_\_\_\_ Phone \_\_\_\_\_

C. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Own Home  Parent/Family Member  Rented Home  Rented Apt  Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Mortgage Holder \_\_\_\_\_ Mortgage No. \_\_\_\_\_ Phone \_\_\_\_\_

**PART II – EMPLOYMENT REFERENCES**

\*Include a recent copy of an earnings statement to expedite processing\*

A. Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_

B. Spouse Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_

**PART III – BANK REFERENCES**

\*Include a recent copy of a bank statement to expedite processing\*

A. Bank Name \_\_\_\_\_ Checking Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_

B. Bank Name \_\_\_\_\_ Savings Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_

**PART IV – CHARACTER REFERENCES (No Family Members)**

\*Please notify Character References that we will be contacting them to obtain a reference\*

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Driver’s License Number (Primary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_

Driver’s License Number (Secondary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_

Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant’s character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse’s Signature \_\_\_\_\_ Date \_\_\_\_\_

8795 West McNab Road, First Floor, Tamarac, Florida 33321  
www.associatedcreditreporting.com

## \*\*\*AUTHORIZATION FORM\*\*\*

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

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 for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. **PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY.** If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Name Printed)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Date Signed)