

RALEIGH HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC.  
APPLICATION FOR LEASE

**APPLICATION MUST BE SUBMITTED A MINIMUM OF 20 DAYS PRIOR TO  
LEASE START DATE**

**\*\*\*\*\*THERE WILL BE NO EXCEPTIONS TO THIS RULE\*\*\*\*\***

PLEASE SUBMIT THIS COMPLETED APPLICATION FOR LEASE WITH **\$100.00 NONREFUNDABLE APPLICATION FEE**, THE ATTENTION OF THE BOARD OF DIRECTORS RALEIGH HOUSE c/o MANAGER'S OFFICE, 6210 SCOTT STREET # 214 PUNTA GORDA FL 33950 OR FAX IT TO (941) 875-9397. THERE **IS \$40.00 NONREFUNDABLE BACKGROUND CHECK FEE**. THIS PAYMENT SHOULD BE MADE TO PALMER PROPERTY MANAGEMENT. IF YOU SCAN THE COMPLETED APPLICATION TO PPM@MYPPM.NET PLEASE INCLUDE A COLOR COPY OF YOUR GOVERNMENT ISSUED ID.

DATE APPLICATION SUBMITTED TO MANAGER'S OFFICE \_\_\_\_/\_\_\_\_/\_\_\_\_ VERIFIED BY \_\_\_\_ (initial)

I INTEND TO LEASE UNIT # \_\_\_\_ OF THE RALEIGH HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC. LOCATED AT 22180 BRINSON AVE., PORT CHARLOTTE, FL 33952. I REPRESENT THAT THE FOLLOWING APPLICANT INFORMATION IS FACTUAL AND TRUE. I AM AWARE THAT ANY FALSIFICATION OR MISREPRESENTATION OF THE FACTS IN THIS APPLICATION CAN RESULT IN THE REJECTION OF THIS APPLICATION OR CONSTITUTE GROUNDS FOR THE ASSOCIATION TO VOID ANY APPROVAL THAT MAY BE GRANTED.

I ALSO CONSENT AND ACKNOWLEDGE THAT YOU MAY MAKE FURTHER INQUIRY CONCERNING THIS APPLICATION, PARTICULARLY OF THE REFERENCES GIVEN BELOW AND CREDIT STANDING. IN THIS REGARD, PURSUANT TO THE FAIR CREDIT REPORTING ACT 15 U.S.C. SECTION 1681 AT SEC., THE ASSOCIATION MAY OBTAIN A CREDIT REPORT ON THE APPLICANT(S) REFERENCED BELOW. THAT IS, BY SIGNING THIS APPLICATION, YOU HEREBY CONSENT TO THE ASSOCIATION OBTAINING A CREDIT REPORT AND CONSIDERING IT IN CONNECTION WITH YOUR APPLICATION. EVERY EFFORT SHALL BE MADE BY THE ASSOCIATION TO MAINTAIN THE CONFIDENTIALITY OF SUCH REPORT; HOWEVER, BY SIGNING THE APPLICATION, YOU HERBY WAIVE AND HOLD THE PERTINENT ASSOCIATION(S) HARMLESS OF ANY CLAIM, ACTION OR SUIT REGARDING USE OF THE CREDIT REPORT.

I UNDERSTAND THAT THE ASSOCIATION(S) MAY, PURSUANT TO SECTION 9439953, FLORIDA STATUTES, OBTAIN A CRIMINAL HISTORY INFORMATION ON THE APPLICANT(S) SIGNING THIS APPLICATION. BY SIGNING THIS APPLICATION, THE APPLICANT(S) HEREBY CONSENTS TO THE ASSOCIATION(S) OBTAINING A CRIMINAL HISTORY INFORMATION AND CONSIDERING IT IN CONNECTION WITH YOUR APPLICATION. EVERY EFFORT SHALL BE MADE BY THE ASSOCIATION(S) TO MAINTAIN THE CONFIDENTIALITY OF THE REPORT, HOWEVER, BY SIGNING THE APPLICATION, YOU HEREBY WAIVE AND HOLD THE ASSOCIATION(S) HARMLESS OF ANY CLAIM, ACTION OR SUIT REGARDING USE OF CRIMINAL HISTORY INFORMATION.

ADDITIONALLY, I HAVE READ AND AGREED TO BE BOUND BY THE DECLARATION, ARTICLES OF INCORPORATION, BYLAWS AND RULES AND REGULATION OF THE ASSOCIATION WHICH GOVERN THE HOUSE IN WHICH THE UNIT TO BE LEASED IS LOCATED, COPIES OF WHICH DOCUMENTS HAVE BEEN FURNISHED TO ME BY THE OWNER, IN THIS REGARD I UNDERSTAND:

**\*\*NO ANIMALS OR PETS OF ANY KIND SHALL BE ALLOWED IN ANY UNIT OR ON THE PROPERTY OF THE CONDOMINIUM.**

**\*\*NO PERSON UNDER THE AGE OF 18 CAN OCCUPY A UNIT FOR MORE THAN (30) THIRTY DAYS.**

**\*\*NO CONDOMINIUM UNIT CAN BE RENTED FOR A PERIOD LESS THAN (3) THREE MONTHS, AND MUST BE FOR ONE SINGLE FAMILY.**

**\*\*NO UNIT CAN BE SUBLEASED WITHOUT APPROVAL OF THE UNIT OWNER AND THE BOARDS OF DIRECTORS.**

**\*\*ONLY (2) TWO PERMANENT PEOPLE IN A ONE BEDROOM UNIT OR (4) PERMANENT PEOPLE IN A TWO BEDROOM.**

**\*\*RALEIGH HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC. IS A HOUSING FACILITY FOR OLDER PERSONS AND AT LEAST ONE OCCUPANT UST BE 55 YEARS OF AGE OR OLDER.**

FINALLY, I UNDERSTAND THAT THE CURRENT ILLEGAL ABUSE OR ADDICTION TO A CONTROLLED SUBSTANCE, OR CONVICTION OF THE ILLEGAL MANUFACTURE OR DISTRIBUTION OF A CONTROLLED SUBSTANCE (AS "CONTROLLED SUBSTANCE" IS DEFINED IN THE FEDERAL CONTROLLED SUBSTANCE ACT), PROVIDES CAUSE TO THE ASSOCIATION TO REJECT THIS APPLICATION, OR TO TERMINATE THE OWNERSHIP OF THE UNIT UNDER APPROPRIATE CIRCUMSTANCES. MOREOVER, I UNDERSTAND THAT THE ASSOCIATION IS ENTITLED TO REJECT THIS APPLICATION IN REGARD TO AN APPLICANT WHOSE RESIDENCE WOULD CONSTITUTE A DIRECT THREAT TO THE HEALTH OR SAFETY OF OTHER RESIDENTS AT CHARLOTTE SQUARE CONDOMINIUMS OR WHOSE RESIDENCE WOULD RESULT IN SUBSTANTIAL PHYSICAL DAMAGE TO THE PROPERTY OF THE OTHER RESIDENTS OR THE CHARLOTTE SQUARE CONDOMINIUMS.

CURRENT OWNER(S) NAME \_\_\_\_\_

APPLICANT(S) NAME \_\_\_\_\_

APPLICANT OCCUPATION \_\_\_\_\_ HOW LONG \_\_\_\_\_

FULL NAME OF SPOUSE OR CO-APPLICANT \_\_\_\_\_

CO-APPLICANT OCCUPATION \_\_\_\_\_ HOW LONG \_\_\_\_\_

APPLICANT(S) CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

IF PRESENT RESIDENCE OR ANY PREVIOUS RESIDENCE IS A CONDOMINIUM CO-OPERATIVE OR IS SUBJECT TO REGULATIONS BY HOMEOWNER'S ASSOCIATION:

NAME AND ADDRESS OF ASSOCIATION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

IF PRESENT RESIDENCE IS A RENTAL:

NAME AND ADDRESS OF LANDLORD \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAMES AND ADDRESS OF APPLICANT(S) EMPLOYER(S) DURING THE THREE YEARS PRIOR TO THE DATE OF THIS APPLICATION AND THE DATES OF EMPLOYMENT. BEGIN WITH THE PRESENT EMPLOYER

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

PLEASE STATE NAME, AGE, AND RELATIONSHIP OF ALL PERSONS WHO WILL BE PERMANENTLY OCCUPYING THE UNIT.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PLEASE PROVIDE TWO (2) PERSONAL REFERENCES (LOCAL, IF AVAILABLE)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IF PURCHASING, I INTEND TO: (CHECK ONE)

\_\_\_\_ PERSONALLY RESIDE FULL-TIME

\_\_\_\_ PERSONALLY RESIDE PART-TIME

\_\_\_\_ LEASE- SEE \*RESTRICTIONS\*

PERSON TO NOTIFY IN AN EMERGENCY

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MANUFACTURER, MODEL, AND YEAR OF AUTOMOBILE(S)

CAR NO. \_\_\_\_\_ STATE/LICENSE NUMBER \_\_\_\_\_

CAR NO. \_\_\_\_\_ STATE/LICENSE NUMBER \_\_\_\_\_

NAME AND PHONE NUMBER OF REAL-ESTATE AGENT HANDLING THIS TRANSACTION

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME AND ADDRESS FOR ACCEPTANCE OR REJECTION OF THIS APPLICATION:  
(TITLE COMPANY OR ATTORNEY HANDLING CLOSING)

NAME OF TITLE COMPANY OR ATTORNEY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF CLOSING MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

I UNDERSTAND THAT UPON RECEIPT OF A TOTALLY COMPLETED APPLICATION (INCLUDING SALES CONTRACT/LEASE ACCEPTABLE TO THE ASSOCIATION AND OTHER REQUIRED MATERIALS) THE ASSOCIATION HAS TWENTY (20) DAYS WITHIN WHICH TO ACCEPT OR REJECT THE APPLICATION.

I UNDERSTAND THAT ANY VIOLATION OF THE TERMS, PROVISIONS, CONDITIONS, AND COVENANTS OF THE CONDOMINIUM'S DOCUMENTS PROVIDES CAUSE FOR PURSUIT OF REMEDIES THERIN PROVIDED OR TERMINATION OF THE OWNERSHIP OR LEASEHOLD UNDER APPROPRIATE CIRCUMSTANCES. IF APPLICATION FOR SALE IS ACCEPTED, I WILL PROVIDE A COPY OF THE RECORDED DEED WITHIN THIRTY (30) DAYS OF CLOSING.

I UNDERSTAND THAT UNLESS ALL ASSESSMENT PAYMENTS FOR THE UNIT POTENTIALLY TO BE SOLD OR LEASED ARE CURRENT, THIS APPLICATION WILL BE DISAPPROVED BY THE ASSOCIATION.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

SIGNATURE OF APPLICANT \_\_\_\_\_

SIGNATURE OF CO-APPLICANT/SPOUSE \_\_\_\_\_

THE INDIVIDUAL OWNER(S) OF SAID UNIT JOIN IN THIS APPLICATION TO REQUEST THE BOARD TO REVIEW SAME AND TO VERIFY THAT TO THE BEST OF THEIR KNOWLEDGE ALL INFORMATION AND ACKNOWLEDGEMENTS CONTAINED HERIN ARE ACCURATE.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

OWNER \_\_\_\_\_ CO-OWNER \_\_\_\_\_

SALE HAS BEEN APPROVED \_\_\_\_\_

SALE HAS BEEN DISAPPROVED \_\_\_\_\_

PLEASE STATE THE NAME, AGE, AND RELATIONSHIP OF ALL PERSONS WHO WILL BE PERMANENTLY OCCUPYING THE UNIT.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PLEASE PROVIDE TWO (2) PERSONAL REFERENCES (LOCAL, IF AVAILABLE):

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

IF PURCHASING, I INTEND TO: (CHECK ONE)

\_\_\_\_\_ personally reside full-time

\_\_\_\_\_ personally reside part-time

\_\_\_\_\_ lease-see restrictions

PERSON TO NOTIFY IN AN EMERGENCY

\_\_\_\_\_ PHONE \_\_\_\_\_

MANUFACTURER, MODEL & YEAR OF AUTOMOBILE (S):

CAR NO 1. \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

CAR NO 2. \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

NAME OF REAL ESTATE AGENT HANDLING THIS TRANSACTION:

MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THIS APPLICATION:  
**(TITLE CO OR ATTORNEY HANDLING CLOSING)**

NAME OF TITLE COMPANY OR ATTORNEY \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF CLOSING: \_\_\_\_\_

HOUSING FOR OLDER PERSONS ACT  
AFFIDAVIT OF CERTIFICATION  
RALEIGH HOUSE OF PORT CHARLOTTE  
A CONDOMINIUM, INC

Due to recent Federal and State legislation, our community must be cautious in age verification procedures to ensure its qualifications as housing for older persons under the Housing for Older Persons Act. Therefore, please take a moment to fill out and return this affidavit. If the affidavit is not returned, and as a result we cannot determine whether we comply with the exemptions to the fair housing laws, which allows us to keep our status as housing for older persons we may be required to allow children in the community as permanent residents, in addition to completing the following, please attach a photocopy of a government issued ID for each occupant.

I \_\_\_\_\_ (insert name) am (18) eighteen years of age or older and a member of the household at Raleigh House 21280 Brinson Ave unit # \_\_\_\_\_ Port Charlotte, FL located in Raleigh House, A condominium, Inc.

I certify that I have personal knowledge of the ages of the occupants of this household, and that at least one occupant of this household is (55) fifty-five years of age or older.

I certify that all the names and dates of birth of all occupants of this household are:

Name _____	Date of birth ____/____/____
Name _____	Date of birth ____/____/____
Name _____	Date of birth ____/____/____
Name _____	Date of birth ____/____/____

\_\_\_\_\_  
OCCUPANT SIGNATURE

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

STATE OF FLORIDA  
COUNTY OF CHARLOTTE

Sworn to and subscribed before me this \_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_ by

Who is personally known to me ( ) yes ( ) no or has produced \_\_\_\_\_ as identification.

NOTARY STAMP

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
NOTARY PRINTED NAME

## ATTENTION HOMEOWNERS

Please complete this form and return it to the address below by mail or in person:

**Charlotte Square Condominiums**  
**c/o Manager's Office**  
**2296 Aaron Street**  
**Port Charlotte, FL 33952**

### PROPERTY OWNER(S)/RESIDENT INFORMATION

We would appreciate you providing the Association with the following information. You are assured that this information will be kept in confidence. The purpose of this request is to update the office records and to provide us with the current information needed for mailings such as maintenance coupon books and emergencies such as hurricanes, fires, etc.

HOUSE NAME \_\_\_\_\_ UNIT # \_\_\_\_\_ DATE \_\_\_\_\_

OWNER(S) NAME \_\_\_\_\_

LESSEES(S) NAME \_\_\_\_\_

PLEASE (X) ONE

\_\_\_\_\_ CURRENTLY RESIDE FULL TIME

           CURRENTLY RESIDE PART TIME

CURRENTLY LEASE UNIT \_\_\_\_\_ SEASONAL OR \_\_\_\_\_ ANNUAL

PLEASE EXPLAIN SITUATIONS THAT DO NOT APPLY TO ANY OF THE ABOVE  
ON A SEPARATE SHEET OF PAPER.

(IF YOU ARE AN OWNER, PLEASE BE AWARE OF LEASING RESTRICTIONS THAT MAY APPLY TO YOUR BUILDING.)

PLEASE INFORM THE OFFICE WHEN YOU LEAVE FOR YOUR AWAY ADDRESS  
AND WHEN YOU RETURN SO THAT WE WILL KNOW WHERE TO SEND YOUR  
MAIL. THANK YOU.

LOCAL TELEPHONE # If full or part time resident (941) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE # ( ) \_\_\_\_\_ - \_\_\_\_\_

LESSEE'S TELEPHONE # (941) \_\_\_\_\_ - \_\_\_\_\_ CELL # ( ) \_\_\_\_\_ - \_\_\_\_\_

If you do not live here full time and have another address, please fill in the information requested below:

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

AWAY TELEPHONE # ( ) \_\_\_\_\_ - \_\_\_\_\_

APPROXIMATE DATES AT THE ABOVE AWAY ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

NAME \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

Please add any additional information below or on another sheet of paper and attach to this questionnaire. Thank you for your input.

**INSTRUCTIONS:**

- 1 -All applicants are processed as separate investigations.
- 2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
- 4 -Missing information will cause delays in processing your application.
- 5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6 -Only the applicants are authorized to sign all forms on page 2.

**APPLICATION FOR OCCUPANCY/APPROVAL****PRINT OR TYPE (Use Black Ink)**

Purchase \_\_\_\_\_ or Lease \_\_\_\_\_ (How long)

Apt. No. \_\_\_\_\_ Bldg No. \_\_\_\_\_ Special Address or Unit \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_\_ Desired date of occupancy \_\_\_\_\_

Name (Mr./Mrs./Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec No. \_\_\_\_\_  
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)Spouse (Mr./Mrs./Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec No. \_\_\_\_\_  
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)[ ] Sngl. [ ] Married [ ] Widow(er) [ ] Sep. \_\_\_\_\_ [ ] Div. \_\_\_\_\_ Maiden Name \_\_\_\_\_  
(How long) (How long)

Number of people who will occupy. Adults (over age 18) \_\_\_\_\_ Children (over 18) \_\_\_\_\_ Children (under 18) \_\_\_\_\_

Names &amp; ages of children who will occupy: \_\_\_\_\_

Description of Pets (Breed, Size, Color, Weight, Etc.) \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Name

Address

Telephone

**PRINT OR TYPE (Use Black Ink)****RESIDENCE HISTORY**A. Present Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

B. Previous Address \_\_\_\_\_ Your Apt No. \_\_\_\_\_  
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

C. Prior Address \_\_\_\_\_ Your Apt No. \_\_\_\_\_  
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

**PRINT OR TYPE (Use Black Ink)****EMPLOYMENT & BANK REFERENCES**A. Employed By (Business Name) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(or retired from)  
How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

B. Spouse's Employment (Business Name) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(or retired from)  
How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

C. Bank Reference \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long \_\_\_\_\_ Ch. Acct. No. \_\_\_\_\_ Sav. Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

D. Bank Reference \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long \_\_\_\_\_ Ch. Acct. No. \_\_\_\_\_ Sav. Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_



**PRINT OR TYPE (Use Black Ink)**

**CHARACTER REFERENCES**

1. Name \_\_\_\_\_ Email \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_

2. Name \_\_\_\_\_ Email \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_

3. Name \_\_\_\_\_ Email \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_

Driver's Lic. No. #1 \_\_\_\_\_ #2 \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (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 or their agent, Applicant Information may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure the Authorization Form is completed as indicated.

**AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND**

**I have named you as a reference on my application for residency.**

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

**DESIGNATED PARTY: APPLICANT INFORMATION**

**I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).**

**Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.**

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

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

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

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

DATE \_\_\_\_\_