

# Pines at Deep Creek Condominium Association

## Application for Lease/Occupancy Approval

- This application must be completed in detail by the proposed lessee/renter.
- A copy of the lease must be attached to this application.
- The unit owner must provide the lessee with a copy of the Rules and Regulations.
- No lease shall be less than 60 days.
- No occupancy is allowed PRIOR to receiving written approval of the application by the Board of Directors.
- Proof of liability insurance must be attached if a waterbed is taken into the unit.
- No commercial vehicles, boats, trailers, RV's or motorcycles are permitted on the condominium property. Vehicles must be in operable condition and licensed. Two (2) vehicles maximum per unit.

**Pets are not permitted.**

**Applicant:** \_\_\_\_\_ **Applicant:** \_\_\_\_\_

Name of the Realtor/Agent handling the lease: \_\_\_\_\_

Telephone# \_\_\_\_\_ Email: \_\_\_\_\_

Lease Term Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Unit # \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Present Address and Phone: \_\_\_\_\_

Name of Prospective Tenant(s): \_\_\_\_\_

Tenant Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tenant Employer and Phone# \_\_\_\_\_

Tenant Driver's License # (S) \_\_\_\_\_

Other persons occupying the unit:	Age	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Type of Vehicle(s): \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag# \_\_\_\_\_

1. _____
2. _____

I/We have received and read and hereby agree on behalf of all persons who may occupy the unit which I/we seek to lease (1) to abide by all the restrictions contained in the Condominium Association Documents and Board Rules and Regulations which are or may in the future be imposed by the Association. (2)That I/we must be present when any guests or visitors who are not permanent residents occupy the unit or use the common recreational facilities. I/We understand that there may be an investigation of my/our background; credit, criminal, and eviction history.

**Applicant:** \_\_\_\_\_ **Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please Return to: Palmer Property Management  
6210 Scott St. #214, Punta Gorda, FL 33950  
(P) 941-875-9273, (F) 941-875-9397, (E) ppm@myppm.net

**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 [ ] Widower(er) [ ] Sep. \_\_\_\_\_ [ ] Div. \_\_\_\_\_ Maiden Name \_\_\_\_\_

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 \_\_\_\_\_ Ck. Acct. No. \_\_\_\_\_ Sav. Acct. No. \_\_\_\_\_

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

D. Bank Reference \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
How long \_\_\_\_\_ Ck. 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 \_\_\_\_\_ Signature \_\_\_\_\_  
Applicant \_\_\_\_\_ 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.

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**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.**

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(Applicant's Signature)

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(Applicant's Name Printed)

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(Spouse's Signature)

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(Spouse's Name Printed)

DATE \_\_\_\_\_