LONGWOOD TOWERS CONDOMINIUMS

1001 91^{ST} Street, Bay Harbor Islands, FL 33154

APPLICATION FOR OCCUPANCY

Date Uni	Unit Number		Check one: Rental Purchase		
NAME OF APPLICANT(S) – PLEASE INCLUDE EV	ERY ADULT AN	D CHILDREN WHO WILL	RESIDE IN UNIT	
<u>APPLCANT(S) NAME (S)</u>	DRIVERS LICENSE/ID	<u>STATE</u>	TELEPHONE	EMAIL	
Present Address			How long		
Previous Address					
Last Landlord					
Dogs and Cats NOT allowed	(initials to agree)	ONE CAR rese	rved parking	(initials to agree)	
Vehicle 1 Year, Make & Model		Li	cense Plate & State		
Vehicle 2 Year, Make & Model					
Employer	Contact Name				
Employer		_			
	BANK I	NFORMATION			
Bank Name	Address Checking Savings				
Bank Name	Address		Checking	Checking Savings	
REFERENCES (not related to yo			DVIDED? Y / N (Circle Or	 ne)	
Name 1				v long	
Name 2	Pho	one		v long	
DESIRED OCCUPANCY DATE				ONS? Y / N (Circle One)	
ALL FEES PAID? (Y/N) Y	/ N(Circle One) CH	ECKS/M.O.			
BC	ARD MEMBERS PRESE	NT DURING IN	TERVIEW		
NAME	SIGNATURE		TITLE		
	SIGNATURE				
	SIGNATURE				
NAME	APPLICANT(S) SIGNATURE(S) SIGNATURE				
	SIGNATURE				

knowledge, under penalty of making a fraudulent statement and possible denial. Applicant(s) agree to abide and follow the Association's Rules and Regulations.

Applicants hereby authorize the Association to conduct a full criminal and credit background check. NO ADDITIONAL OCCUPANTS OTHER THAN THOSE LISTED ABOVE ARE ALLOWED TO MOVE IN AT ANY TIME. FAILURE TO COMPLY WILL VOID LEASE AGREEMENT AND LEAD TO POSSIBLE EVICTION