

OXFORD 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** TO THE ATTENTION OF THE BOARD OF DIRECTORS OXFORD HOUSE c/o MANAGER'S OFFICE, 6210 SCOTT STREET #214 PUNTA GORDA, FL 33950 OR FAX TO (941) 875-9397. THERE IS **A \$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 \_\_\_\_ (initials).

I INTEND TO LEASE UNIT # \_\_\_\_ OF THE OXFORD HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC. LOCATED AT 21267 GERTRUDE AVENUE, PORT CHARLOTTE, FL 33952. I REPRESENT THAT THE FOLLOWING 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 CONSENT TO THE ASSOCIATION(S) OBTAINING A CRIMINAL HISTORY INFORMATION AND CONSIDERING IT IN CONNECTION WITH THE 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 REGULATIONS 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 BOARD OF DIRECTORS.**
- \*\*ONLY (2) TWO PERMANENT PEOPLE IN A ONE BEDROOM UNIT OR (4) FOUR PERMANENT PEOPLE IN A TWO BEDROOM.**
- \*\*OXFORD HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC. IS A HOUSING FACILITY FOR OLDER PERSONS AND AT LEAST ONE OCCUPANT MUST 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 CASE 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 THE SUBSTANTIAL PHYSICAL DAMAGE TO THE PROPERTY OF THE OTHER RESIDENTS OR THE CHARLOTTE SQUARE CONDOMINIUMS.

CURRENT OWNER(S) NAME \_\_\_\_\_  
APPLICANT(S) NAME \_\_\_\_\_ AGE \_\_\_\_\_  
OCCUPATION OF APPLICANT \_\_\_\_\_ HOW LONG \_\_\_\_\_  
FULL NAME OF SPOUSE OR CO-APPLICANT \_\_\_\_\_  
OCCUPATION OF CO-APPLICANT \_\_\_\_\_ HOW LONG \_\_\_\_\_  
APPLICANT(S) PRESENT 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 RENTAL:

NAME AND ADDRESS OF CURRENT LANDLORD \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

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

- (0) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
(4) \_\_\_\_\_  
(5) \_\_\_\_\_

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	_____
CITY	_____	STATE	_____
	ZIP	_____	PHONE
NAME	_____	PHONE	_____
CITY	_____	STATE	_____
	ZIP	_____	PHONE

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:

MAILING ADDRESS FOR NOTICE OF 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 \_\_\_\_\_

I UNDERSTAND THAT UPON RECEIPT OF A TOTALLY COMPLETED APPLICATION (INCLUDING SALES CONTRACT/LEASE ACCEPTABLE TO THE ASSOCIATION AND OTHER REQUIRED MATERIALS) 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 THEREIN PROVIDED OR TERMINATION OF 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 AKNOWLEDGMENTS CONTAINED HEREIN ARE ACCURATE.

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

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

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

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

APPLICATION FEE OF \$100.00 DUE UPON RECEIPT OF APPLICATION. CHECKS MADE PAYABLE TO ABBEY HOUSE, UNIT #.

DATE OF PAYMENT \_\_\_\_\_ METHOD OF PAYMENT \_\_\_\_\_

## 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.

**TWO SIDED DOCUMENT**

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.

HOUSING FOR OLDER PERSONS ACT  
AFFIDAVIT OF CERTIFICATION  
OXFORD 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 Oxford House 21267 Gertrude Ave unit # \_\_\_\_\_ Port Charlotte, FL located in Oxford 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

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: \_\_\_\_\_

**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 \_\_\_\_\_ 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 \_\_\_\_\_ Address \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_

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

3. Name \_\_\_\_\_ Address \_\_\_\_\_ 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 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 \_\_\_\_\_