



APPLICATION FOR OCCUPANCY

Golden Isles Condominium Apts., Inc.
700 Lane Blvd. | Hallandale Beach, FL 33009
goldenisles700@yahoo.com
(954) 378-9938

PLEASE FILL IN ALL BLANKS – APPLICATION MAY BE RETURNED OR REJECTED IF NOT FULLY COMPLETED

Please submit one application per adult who will be occupying the property.

A non-refundable application fee of \$150 for the first occupant and \$100 for each additional occupant over the age of eighteen (18) must accompany the application form.

APT #: _____ DATE: _____ EXPECTED CLOSING/MOVE IN DATE: _____
OWNER NAME: _____ PHONE #: _____
REALTOR NAME: _____ PHONE #: _____

NUMBER OF PEOPLE WHO WILL OCCUPY THE UNIT (INCLUDING CHILDREN): _____

APPLICANT INFORMATION

LAST NAME: _____ FIRST NAME: _____ MI: _____
DOB: _____ PHONE #: _____
EMAIL ADDRESS: _____
DRIVER'S LICENSE #: _____ STATE: _____
SOCIAL SECURITY NUMBER #: _____
MARITAL STATUS: Married () Separated () Divorced () Single ()

(List children under 18 years of age who will occupy the unit)

NAME: _____ AGE: _____ NAME: _____ AGE: _____
NAME: _____ AGE: _____ NAME: _____ AGE: _____

EMERGENCY CONTACT

LAST NAME: _____ FIRST NAME: _____ MI: _____
PHONE #: _____ EMAIL ADDRESS: _____



VEHICLE(S) INFORMATION

Please note each unit comes with one (1) reserved parking space. Residents may not park in visitor parking.

MAKE: _____ MODEL: _____ TAG #: _____ STATE: _____
MAKE: _____ MODEL: _____ TAG #: _____ STATE: _____

RESIDENTIAL HISTORY

Please provide at least three (3) years of residential history and references.

PRESENT ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
OWN: () RENT: () FROM DATE: _____ TO DATE: _____
NAME OF LANDLORD/REFERENCE: _____ PHONE #: _____
EMAIL OF LANDLORD/REFERENCE: _____

PREVIOUS ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
OWN: () RENT: () FROM DATE: _____ TO DATE: _____
NAME OF LANDLORD/REFERENCE: _____ PHONE #: _____
EMAIL OF LANDLORD/REFERENCE: _____

PREVIOUS ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
OWN: () RENT: () FROM DATE: _____ TO DATE: _____
NAME OF LANDLORD/REFERENCE: _____ PHONE #: _____
EMAIL OF LANDLORD/REFERENCE: _____

EMPLOYMENT HISTORY

Please provide at least three (3) years of employment history and references.

SELF EMPLOYED YES () NO () RETIRED YES () NO ()

EMPLOYER NAME: _____ TITLE/POSITION: _____
EMPLOYER ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
START DATE: _____ END DATE: _____
SUPERVISOR/REFERENCE: _____ PHONE #: _____
EMAIL OF SUPERVISOR/REFERENCE: _____



EMPLOYER NAME: _____ TITLE/POSITION: _____
EMPLOYER ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
START DATE: _____ END DATE: _____
SUPERVISOR/REFERENCE: _____ PHONE #: _____
EMAIL OF LANDLORD/REFERENCE: _____

EMPLOYER NAME: _____ TITLE/POSITION: _____
EMPLOYER ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
START DATE: _____ END DATE: _____
SUPERVISOR/REFERENCE: _____ PHONE #: _____
EMAIL OF LANDLORD/REFERENCE: _____

PERSONAL REFERENCES

**Please provide three personal references
Please note relatives may not be used for personal references.**

NAME 1: _____ PHONE #: _____
ADDRESS _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL ADDRESS: _____

NAME 2: _____ PHONE #: _____
ADDRESS _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL ADDRESS: _____

NAME 3: _____ PHONE #: _____
ADDRESS _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL ADDRESS: _____

Has the applicant ever been arrested or convicted for anything other than a minor traffic offense?

YES () NO ()

If YES, Please explain: _____



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.

Applicant represents that **all** information provided is true and correct. Any false or misleading information will result in the application being declined. Applicant also understands that as part of our procedure for processing the application a Screening Consultant will make an investigation from the information given and present their findings to us for review. This investigation may include, but is not limited to, character, general reputation, credit, residential, employment, income, and criminal searches.

Applicant agrees not to hold the Association or its Screening Consultant liable for the discovery, or non-discovery of information, or any action taken as a result of this investigation. Authorization is hereby given to release banking, credit, residential, employment, and other pertinent information.

I have been read the Rules and Regulations of the Golden Isles Condominium Apts., Inc. at my interview and given the opportunity to ask any questions about them. I have been given a copy of the Rules and Regulations. I understand these Rules and Regulations and agree to comply with them.

APPLICANT NAME: _____
SIGNATURE: _____ DATE: _____