

THE CLARIDGE CONDOMINIUM ASSOCIATION, INC.
7515 PELICAN BAY BOULEVARD
NAPLES, FL 34108
239-594-5030

APPLICATION FOR OCCUPANCY/APPROVAL

- INSTRUCTIONS:**
1. If applicants are not legally married, an application on each person must be completed.
 2. Print legibly or type all information. Account, and/or 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.

PRINT OR TYPE (Use Black Ink)

Purchase _____ or Lease _____ (How Long)

Apt. No. _____ Bldg. No. _____ Special Address or Unit _____

Date _____ Desired Date of Occupancy _____

Name (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec. No. _____

Spouse (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec. No. _____

() Single () Married () Widow(er) () Sep. (How Long) _____ Divorced (How Long) _____ Maiden Name _____

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

Names and ages of children who will occupy: _____

In case of emergency, notify: _____

Name

Address

Phone

PRINT OR TYPE (Use Black Ink)

RESIDENCE HISTORY

A. Present Address _____ Phone () _____

Name of Apt./Condo _____ Phone () _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone () _____

Address _____ Mtg. No. _____

B. Previous Address _____ Your Apt. No. _____

Name of Apt./Condo _____ Phone () _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone () _____

Address _____ Mtg. No. _____

C. Prior Address _____ Dates of Residency _____

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 () _____

How Long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

B. Spouse's Employment (Business Name) _____ Phone () _____

How Long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

C. 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 _____ No. 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, Renters Reference of Florida (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, Renters Reference of Florida 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 employees 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: RENTERS REFERENCE OF FLORIDA

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 inquires. In 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 _____