

APPLICATION FOR PURCHASE/LEASE

SNUG HARBOR GARDENS CONDOMINIUM

ADDRESS OF UNIT: _____

OWNERS NAME: _____

REALTOR NAME: _____

PHONE NUMBER OF OWNER: _____

PHONE NUMBER OF REALTOR: _____

Please follow this check list for a successful application process:

- Fully completed application
- A separate, non-refundable money order or cashier's check in the amount of \$150.00 payable to Snug Harbor Gardens Condominium Association.
- Appropriate photo I.D
- Car registration
- Lease or purchase contract
- To ensure proper and timely processing, the forgoing must be received a minimum of 30 days prior to any closing date/move in date.

APPLICATION FOR PURCHASE OR LEASE

SNUG HARBOR GARDENS CONDOMINIUM

ADDRESS OF UNIT: _____

Last name First name Middle Birth date

Social Security No. Drivers License No. State of license

Marital Status: Single: _____ Married: _____ Separated: _____

Co-applicant Last name First name Middle Birth date

Social Security No. Drivers License No. State of license

Expected move in date

Will the above listed person(s) be the only occupants? YES _____ NO _____

If No, list other occupants with Date(s) of Birth below:

NUMBER OF OCCUPANTS TO LIVE IN RESIDENCE: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

RESIDENCE HISTORY

Current Address	City/ State	Zip Code
Phone Number	Own/ Rent	How Long
Name & Address of present landlord/ mortgage co.	Phone Number	Monthly Payment
Previous Address	Phone number	How Long

EMPLOYMENT HISTORY

Applicant employed by	Supervisors name	How long
Address	Areacode/phone number	
Position held	Wage	Per hour/week/bi-weekly/monthly
Applicant previously employed by	Supervisors name	How long
Address	Area code/phone number	
Position held	Wage	Per hour/week/ bi-weekly/ monthly
Co-applicant employed by	Supervisor name	How long
Address	Area code/phone number	
Position held	Wage	Per hour/week/ bi-weekly /monthly Co-
applicant previously employed by	Supervisors name	How long
Address	Area code/phone number	

ADDITIONAL INCOME

SOURCES	AMOUNT PER YEAR
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PET INFORMATION

NO PETS ALLOWED

VEHICLE INFORMATION

Please list your vehicle information: (NOTE: Certain vehicles may be prohibited.)

Vehicle Make	Model	Year	Color	Tag
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Vehicle Make	Model	Year	Color	Tag
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EMERGENCY CONTACT INFORMATION

NAME: _____

TELEPHONE NUMBER: _____

RELATIONSHIP: _____

I/WE HEREBY ATTEST AND AFFRIM THAT THE INFORMATION GIVEN ON THIS APPLICATION FOR RESIDENCY IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY / OUR KNOWLEDGE.

APPLICANT ONE

APPLICANT TWO

SNUG HARBOR GARDENS CONDOMINIUM INC.

Receipt of Snug Harbor Gardens Rules & Regulations, By-Laws, and Articles of Incorporation

Prospective Purchasers:

I/ WE, the undersigned, do hereby confirm that I/ WE have received and read a copy of the Snug Harbor Gardens Rules & Regulations, By-Laws, and Articles of Incorporation.

Prospective Renters:

I/WE, the undersigned, do hereby affirm that I/WE have received and read a copy of the Snug Harbor Gardens Rules & Regulations.

Date: _____

Unit Address: _____

Sign and Print: _____

Sign and Print: _____

FIDELITY DATA SERVICE

PURCHASE/ TENANT

**AUTHORIZATION OF A CONSUMER AND/OR INVESTIGATIVE
CONSUMER REPORT**

I, the undersigned consumer, do hereby authorize Fidelity Data Service to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of my occupancy.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Fidelity Data Service by and through its' independent contractor, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Fidelity Data Service, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq. and Cal. Civ. Code § 1786.

PLEASE PRINT OR TYPE

Signature: _____

Print Name: _____ **Date:** _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

(PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER *

**DRIVER'S LICENSE NUMBER
& STATE ***

DATE OF BIRTH*

GENDER* (M or F)

LAST NAME

FIRST NAME

MIDDLE NAME

OTHER NAMES USED (alias, maiden, nickname)

YEARS USED _____

CURRENT STREET ADDRESS

CITY

STATE

ZIP

DATES LIVING HERE _____

LANDLORD NAME & PHONE _____

***Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.**

PLEASE LIST ALL ADDRESSES FOR LAST SEVEN (7) YEARS
(If you need additional space please use the back of this form)

STREET

CITY

STATE

ZIP

DATES LIVED HERE _____

LANDLORD NAME & PHONE _____

STREET/P.O. BOX

CITY

STATE

ZIP

DATES LIVED HERE _____

LANDLORD NAME & PHONE _____

STREET/P.O. BOX

CITY

STATE

ZIP

DATES LIVED HERE _____

LANDLORD NAME & PHONE _____

**LIST ALL LANDLORDS WITHIN THE PAST 4 YEARS WITH THEIR
PHONE NUMBER AND AREA CODE**

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____