

Consolidated Community Management, Inc.

7124 N. Nob Hill Road
Tamarac, Florida 33321
954-718-9903

DOMICILE APPLICATION

Community Name: _____

*Applications and supporting documents must be hand delivered or mailed.
Faxed or e-mailed applications and supporting documents will not be accepted.*

Applicant(s) must initial each line indicating the required documentation listed is enclosed.

_____ **\$150 non-refundable application fee** per applicant/occupant age 18 or over (\$150 per married couple) Cash or money order only made payable to: **Consolidated Community Management, Inc.**

_____ Letter from owner stating applicant has no financial interest or responsibility regarding unit

_____ Copy of driver's license / ID for all applicants

_____ (Foreign nationals must provide a copy of current VISA and Passport)

_____ Copy of current registrations for all vehicles parked on property

_____ Application for Occupancy Form

(Copy of marriage certificate required if married with different last names)

_____ Acknowledgement Page - must be signed by ALL applicants

_____ Pet Verification Form - must be signed by ALL applicants

(See community rules & regulations regarding pets)

_____ Color photograph of all vehicles (front and rear angles)

All items listed are required at the time the application is submitted.

Please note:

- Additional documentation may be required.
- Canadian applicants must provide Canadian credit report
- The application process may take up to 30 days.
- Please do not schedule closings or occupancy until you have been notified of applicant's orientation date.
- DO NOT CALL our office to verify the status of the application until 21 days from date of submission

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

APPLICATION FOR OCCUPANCY - DOMICILE

INSTRUCTIONS:

1. **Any occupant age 18 or older must complete this application and pay an application fee.** If occupants are not legally married each person must pay a separate application fee.
2. Print legibly or type all information. Account and telephone numbers and complete addresses are required. If any question is not answered or left blank; this application may be returned, not processed and not approved. Missing information will cause delays in processing your application. All application spaces **MUST** be filled in.
3. Only the applicants are authorized to sign all forms.

Today's date: _____ Desired date of Occupancy: _____

Address of unit or home for this application: _____

Name of Realtor: _____

Cell phone & e-mail of Realtor: _____

DOMICILE INFORMATION

	APPLICANT	CO-APPLICANT
Marital Status	Name: _____ <small>Last</small> _____ <small>First Middle Initial</small> _____ <small>Maiden</small> _____ SSN: _____ - _____ - _____ DOB: ____/____/____ DL / ID: _____ <small>NUMBER STATE</small>	Name: _____ <small>Last</small> _____ <small>First Middle Initial</small> _____ <small>Maiden</small> _____ SSN: _____ - _____ - _____ DOB: ____/____/____ DL / ID: _____ <small>NUMBER STATE</small>
Address	Current street address _____ City _____ State _____ Zip Code _____	Current street address _____ City _____ State _____ Zip Code _____
Phone	(____) _____ Home / Primary Phone # (____) _____ Cell /Secondary Phone #	(____) _____ Home / Primary Phone # (____) _____ Cell /Secondary Phone #
Email	Email address _____	Email address _____
NO. OF OTHERS TO OCCUPY (____)	Name: _____ <small>Last</small> _____ <small>First</small> Age: _____ Relationship: _____	Name: _____ <small>Last</small> _____ <small>First</small> Age: _____ Relationship: _____
	Name: _____ <small>Last</small> _____ <small>First</small> Age: _____ Relationship: _____	Name: _____ <small>Last</small> _____ <small>First</small> Age: _____ Relationship: _____

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

APPLICATION FOR OCCUPANCY - DOMICILE

	APPLICANT	CO-APPLICANT
VEHICLE INFO	COPY OF VEHICLE REGISTRATION & DRIVERS LICENSE MUST BE ATTACHED	COPY OF VEHICLE REGISTRATION & DRIVERS LICENSE MUST BE ATTACHED
	Year _____ Make _____	Year _____ Make _____
	Model _____	Model _____
	State _____ Tag. No. _____	State _____ Tag. No. _____
	Color _____	Color _____

I understand that the Board of Directors of the Association and/or Consolidated Community Management Inc., their agent, may institute an investigation of my background (including credit, criminal and eviction reports) as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Consolidated Community Management, Inc. and First Advantage Resident Screening to make such investigation and agree that the information contained in this application and any attached documentation may be used in such investigation; and that the Board of Directors and Officers of the Association, Consolidated Community Management, Inc. and First Advantage Resident Screening shall be held harmless from any action or claim by me in connection with the use of the information contained herein with any investigation conducted by the Board of Directors / Consolidated Community Management, Inc. or First Advantage Resident Screening.

I understand that false information given herein may constitute grounds for rejection of this application, denial of occupancy and/or forfeiture of any deposits.

Applicant's Signature: _____ Date: _____

Co-applicant's Signature: _____ Date: _____

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

ACKNOWLEDGEMENT

- I have received, read, understand, and agree to comply with the Rules & Regulations for this community. Under Florida Law, I understand it is the homeowner's responsibility to provide me with these items.
- I understand that the Rules & Regulations can be amended or changed for the association by the Board of Directors from time to time.
- I understand the application process can take up to 30 days, and agree I will not occupy the premises prior to my orientation and certificate of approval being issued.
- I understand that my moving date should not be scheduled prior to notification of the orientation date.

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, please explain the circumstances regarding the situation on a separate piece of paper attached and attach to the application.

ALL APPLICANTS MUST ANSWER EACH QUESTION BELOW.	APPLICANT	CO-APPLICANT
1. Have you ever had an eviction filed against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you ever left owing money to any owner or landlord?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you ever applied for residency anywhere in the past 2 years, but did not move in?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you ever had adjudication withheld or been convicted of a crime?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, determination of occupancy approval, and / or forfeiture of fees or deposits.

I / we certify under penalty of perjury that I/we agree to and understand all items on these pages and in this application for occupancy.

Applicant Name Printed

Co-applicant Name Printed

Applicant Signature

Co-applicant Signature

Date

Date

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

PET VERIFICATION FORM

All parties listed on application MUST sign below

Complete and sign section A if you DO NOT own a pet

SECTION A:

Name: _____

Address: _____

Telephone number: _____

I DO NOT OWN A PET: _____

Applicant Signature

Co-applicant Signature

****YOU MUST RESUBMIT PET ACKNOWLEDGEMENT FORM IF AT ANY POINT IN THE FUTURE, YOU OR ANYONE RESIDING IN YOUR UNIT ACQUIRES A PET****

Complete and sign section B if you DO own a pet

SECTION B:

Name: _____

Address: _____

Telephone Number: _____

Type of pet (Breed): _____

Weight of pet: _____

Weight of pet at maturity: _____

Pet's name: _____

Pet's color: _____

Tag Number Broward County: _____

****YOU MUST INCLUDE PICTURE OF PET FOR IDENTIFICATION PURPOSES**
** STATEMENT FROM VETERNARIAN CERIFYING BREED AND HISTORY OF SHOTS ARE REQUIRED****

Please remember all dogs are to be walked on a leash, the dog's owner is responsible for the removal of their dogs excretion.

By signing below I verify I have read and understand the above and will abide by the rules and regulations of the community.

Applicant Signature

Co-applicant Signature

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****