

Sky Lake Villas, Inc. Phase I

Please return completed application package, \$250.00
application fee for each applicant if not married
and all requested items to:

SKYLAKE VILLAS. INC.

Please make check payable to:

Sky Lake Villas, Inc. Phase I

Application will not be processed if all
requested items are not included

When completed application is processed you will be
contacted by the Board of Directors to attend a screening

Occupancy is not permitted until approved by the Board of Directors

IMPORTANT NOTE: Complete all questions and fill in all blanks. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can not be cancelled or refunded.

PLEASE USE BLACK INK

*** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! ***

APPLICATION FOR OCCUPANCY

Association Name: Skylake Villas, Inc.

NOTE: All information supplied is subject to verification. All telephone numbers must be able to be reached between 9-5 P.M. Date _____

Purchase Lease Occupant Apt # _____ Bldg # _____ Address applied for _____

Full Name _____ Date of Birth _____ Social Security # _____

Single Married Separated Divorced How Long? _____ Other legal or maiden name _____

Have you ever been convicted of a crime? _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Spouse _____ Date of Birth _____ Social Security # _____

Maiden Name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

No. of people who will occupy unit - Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

Applicants Cell Number(s) _____ Applicants Email Address _____

In case of emergency notify _____ Address _____ Phone _____

PART I - RESIDENCE HISTORY

A Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency From _____ to _____

Own Home Parent/Family Member Rented Home Rented Apt Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No _____ Phone _____

B Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency From _____ to _____

Own Home Parent/Family Member Rented Home Rented Apt Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No _____ Phone _____

C Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency From _____ to _____

Own Home Parent/Family Member Rented Home Rented Apt Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No _____ Phone _____

PART II – EMPLOYMENT REFERENCES

Include a recent copy of an earnings statement to expedite processing

A Employed by _____ Phone _____

Dates of Employment From _____ To _____ Position _____ Fax _____

Monthly Gross Income _____ Address _____

B Spouse Employed by _____ Phone _____

Dates of Employment From _____ To _____ Position _____ Fax _____

Monthly Gross Income _____ Address _____

PART III – BANK REFERENCES

Include a recent copy of a bank statement to expedite processing

A Bank Name _____ Checking Acct # _____ Phone _____

Address _____ Fax _____

B Bank Name _____ Savings Acct # _____ Phone _____

Address _____ Fax _____

PART IV – CHARACTER REFERENCES (No Family Members)

Please notify Character References that we will be contacting them to obtain a reference

1 Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

2 Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

3 Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

4 Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

Driver's License Number (Primary Applicant) _____ State Issued _____

Driver's License Number (Secondary Applicant) _____ State Issued _____

Make _____ Type _____ Year _____ License Plate No _____

Make _____ Type _____ Year _____ License Plate No _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (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 and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

Application Purchase
Sky Lake Villas, Inc. Phase I

1. Applicant: Last Name: _____ First Name: _____

2. Association: _____ Unit No.: _____

3. Address: _____ City: _____ Zip: _____

4. Closing Date: _____ 5. Contact Phone No. _____

6. Name of Agent: _____ Phone No. _____

The following documents are required as part of this application. All documents listed must be furnished, including transfer fee in order to start processing the application.

1. Completed Application Form.
 2. Copy of driver's licenses of all adults who will be occupying the unit.
 3. Copy of vehicle registration for each vehicle.
 4. Letter for each adult from his or her employer stating length of employment.
 5. Letter from previous landlord.
 6. Copy of Proposed purchase contract
 8. Application fee \$250.00 check made payable to Sky Lake Villas, Inc. Phase I (NON refundable)
- Other documentation may be required.

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

8795 West McNab Road, First Floor, Tamarac, Florida 33321

www.associatedcreditreporting.com

AUTHORIZATION FORM

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

Application Purchase
Sky Lake Villas, Inc. Phase I

1. Applicant: Last Name: _____ First Name: _____

2. Association: _____ Unit No.: _____

3. Address: _____ City: _____ Zip: _____

4. Closing Date: _____ 5. Contact Phone No. _____

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