

# Grenadier Gardens Condo Assn Application for Occupancy

PO Box 9384 Coral Springs, FL 33075 (954)494-7802

**IMPORTANT!!!** When completing this application, ALL questions must be completely answered. All phone numbers are very important. Any questions left blank, or incomplete, could result in this application being returned and possibly rejected. Please print legibly. If application is rejected, an additional fee will be charged to resubmit. **If you are not legally married, both persons must fill out separate applications, and pay separate fees. Roommates must fill out separate applications, and pay separate fees.**

**APPLICATION FEE: \$ 100.00 (Checks made out to: Grenadier Gardens Condo Assn)**

**Return to: Richard Comfort phone # (954)494-7802**

## Section 1 - Applicant information

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Present Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Resided from \_\_\_\_\_ to \_\_\_\_\_ email \_\_\_\_\_

(If Renting) Landlord/Management Agent & Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address \_\_\_\_\_

Resided from \_\_\_\_\_ to \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ NO \_\_\_\_\_

## Section 2 – Unit to be Rented or Purchased

Bldg # \_\_\_\_\_ Unit # \_\_\_\_\_ Unit Address \_\_\_\_\_

\_\_\_\_\_ Single \_\_\_\_\_ Married Number of persons over 18, that will occupy, not listed on application \_\_\_\_\_

Name/ Ages of children \_\_\_\_\_

Description of Pet (breed, size, color, weight, etc.) \_\_\_\_\_

# of cars to be parked here \_\_\_\_\_ Drivers license #'s \_\_\_\_\_

Make/Model/Year/Plate #/State \_\_\_\_\_

Make/Model/Year/Plate #/State \_\_\_\_\_

## Section 3 – Employment

Employer: \_\_\_\_\_ How long: \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone # \_\_\_\_\_ Dept/Position \_\_\_\_\_ Approx Monthly income \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ How long: \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone # \_\_\_\_\_ Dept/Position \_\_\_\_\_ Approx Monthly income \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_