

APPLICATION FOR OCCUPANCY

INSTRUCTIONS: If applicants are not legally married, then each person must fill out an application. Please be sure all information on the application is answered Incomplete Information may result in disqualification.

PLEASE PRINT OR TYPE ALL INFORMATION

PURCHASE LEASE How Long: _____

UNIT #: _____ Address: **GATEWAY ARMS CONDOMINIUM: 1900 NE 8th Court, Fort Lauderdale, Florida, 33304**

DATE: _____ Desired Date of Occupancy: _____

APPLICANT: _____ DATE OF BIRTH: _____ SOC SEC #: _____

APPLICANT MOBILE PHONE: _____ APPLICANT EMAIL ADDRESS: _____

SPOUSE NAME: _____ DATE OF BIRTH: _____ SOC SEC #: _____

Single Married Widowed Separated Divorced Maiden Name: _____

of occupants: _____ # of adults (over age 18): _____ # of children (over age 13): _____ # of children (under age 13): _____

Names and ages of children who will occupy: _____

IN CASE OF EMERGENCY, NOTIFY: _____
(Name) (Address) (Phone)

RESIDENCE HISTORY

A PRESENT ADDRESS: _____ Telephone: _____

Name of Apartment / Condo _____ Telephone: _____ Dates of Residency: _____

Name of Landlord / Mortgage Company: _____ Telephone: _____

Address: _____

B PREVIOUS ADDRESS: _____ Telephone: _____

Name of Apartment / Condo _____ Telephone: _____ Dates of Residency: _____

Name of Landlord / Mortgage Company: _____ Telephone: _____

Address: _____

B PREVIOUS ADDRESS: _____ Telephone: _____

Name of Apartment / Condo _____ Telephone: _____ Dates of Residency: _____

Name of Landlord / Mortgage Company: _____ Telephone: _____

Address: _____

EMPLOYMENT AND BANK REFERENCES

A EMPLOYED BY: _____ Telephone: _____

How Long: _____ Position: _____ Monthly Income: _____

Address: _____ Zip Code: _____

B SPOUSE EMPLOYMENT: _____ Telephone: _____

How Long: _____ Position: _____ Monthly Income: _____

Address: _____ Zip Code: _____

C BANK REFERENCE: _____ Telephone: _____

How Long: _____ CK Account #: _____ Saving Account #: _____

CHARACTER REFERENCES

1 NAME: _____ Home Phone: _____ Work Phone: _____

Address: _____ Zip Code: _____

2 NAME: _____ Home Phone: _____ Work Phone: _____

Address: _____ Zip Code: _____

3 NAME: _____ Home Phone: _____ Work Phone: _____

Address: _____ Zip Code: _____

RESIDENT'S VEHICLES AND LICENSE COPY

OF CARS TO BE PARKED HERE: ____

1 MAKE: _____ Model: _____ Year: _____ Plate: _____ Color: _____ State: _____

2 MAKE: _____ Model: _____ Year: _____ Plate: _____ Color: _____ State: _____

1 DRIVER: _____ DL #: _____ State: _____

2 DRIVER: _____ DL #: _____ State: _____

Attach a copy of State Drivers License or State Photo ID for each applicant.

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SIGNATURE: _____ Date: _____

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