



Dockside at Ventura Condominium Association, Inc.

Resident Application Form

Florida law requires all owners to provide accurate contact information

I hereby authorize your company or any agent of your company, to contact any of my references, previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons and educational institutions to supply any information concerning my background and criminal History. I also hereby release any of the above from liability and responsibility arising from their doing so. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of deposit and may constitute a criminal offense under the laws of this state. I believe to the best of my knowledge that all information I have provided is accurate and that I fully understand the terms of this release. Photocopies of this authorization form may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this authorization, it should be treated as an original and the requested information should be release to facilitate my/our application for residency.

Personal Information

Applicant Name: _____

Street Address: _____

City/State/Zip: _____

Driver's License # & State: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Cell: _____ Home: _____

Applicant Signature: _____ Date: ____ / ____ / ____

Residence History - Past 3 Years

Present Address: _____ City: _____ State: ____ Zip: _____

How Long: _____ Monthly Payment: _____ Own or Rent: _____

Name of Present Landlord or Mortgage Company: _____

Present Address: _____ City: _____ State: ____ Zip: _____

How Long: _____ Monthly Payment: _____ Own or Rent: _____

Name of Present Landlord or Mortgage Company: _____

Employment History- Past 3 Years

Present Employer: _____ Supervisor(s): _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: (____) ____ - _____ Position: _____ How Long: _____ Salary: _____

Previous Employer: _____ Supervisor(s): _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: (____) ____ - _____ Position: _____ How Long: _____ Salary: _____

Personal References

Name: _____ Phone Number: (____) ____ - _____
Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone Number: (____) ____ - _____
Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone Number: (____) ____ - _____
Address: _____ City: _____ State: _____ Zip: _____

Applicant represents that all of the above statements are true and complete and hereby authorizes verification of the above information, references and credit records. Applicant acknowledges that false information hereon may constitute grounds for rejection of this application, termination of right of occupancy, and may be constituted as a criminal offense under laws of the state.

Applicant Print Name: _____ Date ____ / ____ / ____

Applicant Signature: _____