

St Lucie

Falls Property Owners Association

55+ Adult Community

SLF Address: _____
Seller: _____
Selling Price: _____
Account #: _____

RESIDENCY APPLICATION

Please Print, fill out completely. Incomplete applications will not be processed.

RESIDENT #1:

Last Name: _____ First: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: Home: (____) _____ Work: (____) _____ Cell: (____) _____

Email address: _____

Date of Birth: _____ Social Security#: _____ Marital Status: _____

Driver's license or ID #: _____ State Issued: _____

Present Landlord: _____ Phone: _____

Employer: _____ Address: _____

Employer's Phone#: _____ Your position: _____ How long? _____

Annual Net Income: _____ Income source: _____

Have you ever been arrested for a felony? _____ Have you ever been convicted of a felony? _____

SUBMIT A COPY OF ONE OF THE FOLLOWING: Birth Certificate () ID () Driver's License ()

Additional References:

Name: _____ Address: _____ Phone#: _____

Name: _____ Address: _____ Phone#: _____

RESIDENT #2:

Last Name: _____ First: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: Home: (____) _____ Work: (____) _____ Cell: () _____

Email address: _____

Date of Birth: _____ Social Security#: _____ Marital Status: _____

Driver's license or ID#: _____ State Issue: _____

Present Landlord: _____ Phone#: _____

Employer: _____ Address: _____

Employer's Phone#: _____ Your position: _____ How long?: _____

Annual Net Income: _____ Income source: _____ Have you ever been

arrested for a felony? _____ Have you ever been convicted of a felony? _____

SUBMIT A COPY OF ONE OF THE FOLLOWING: Birth Certificate () ID () Driver's License ()

Additional References:

Name: _____ Address: _____ Phone#: _____

Name: _____ Address: _____ Phone#: _____

CHILDREN FOR CONTACT PURPOSES:

Name: _____ Address: _____ Phone#: _____

PET INFORMATION (2 pets per home):

Type of Pet: _____ Breed: _____ Age: _____

Type of Pet: _____ Breed: _____ Age: _____

PET REFERENCE:

Name of Veterinarian: _____ Office Phone #: _____

IN CASE OF EMERGENCY:

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone#: _____ Relationship: _____

I REPRESENT THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF I AM APPROVED FOR RESIDENCY, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR EVICTION. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL, FINANCIAL, AND CREDIT RECORD THROUGH ANY INVESTIGATION OR CREDIT AGENCIES OR BUREAUS OF YOUR CHOICE. ST LUCIE FALLS POA INC RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION.

DATED: _____

APPLICANT: _____

CO-APPLICANT: _____

A \$150.00 PER APPLICATION FEE IS DUE UPON DELIVERY OF THE APPLICATION TO ST LUCIE FALLS POA INC. THERE IS A \$75.00 PER PERSON BACKGROUND CHECK FEE. FEES ARE NON-REFUNDABLE.