

# St Lucie

# Falls Property Owners Association

155+ 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 \$80.00 PER PERSON BACKGROUND CHECK FEE. FEES ARE NON-REFUNDABLE.**