OCCUPANCY PETITION:

TO: THE ISLAND CLUB ASSOCIATION, INC. 1501 South East 15th Street - Office Fort Lauderdale, Florida 33316-2787

DATE://	(mm/do	l/yyyy)	
The Board of Directors of undersigned to act formally Documents and State Statute	y to this request,	as per The Association	s Condominium
I/we			
as the PURCHASER or L	ESSEE⊡ do requ	est OCCUPANCY OF U	NIT #,
and said occupancy WILL B	E BY the PUR	CHASER or a LES	SSEE.
IF THE TRANSACTION IS THE FOLLOWING NAME(HE DEED WILL BE REC	CORDED IN
	nents defined as The cion and The By-Lantions? The to abide by the egulations? The eptance of this apparence of the Associate Directors of The ditionally, I/we members and guaranteed in the State St	ne Declaration of Condom aws (& all amendments)? e letter and spirit of the plication for purchase/leastion) is conditioned on Association whose decising hereby agree for and ests who may use the Unitatutes, Condominium Declaration	Yes No Yes No Condominium AGREES The of a unit at the approval of the on shall be final on behalf of the output that they will ocuments and the
I/We understand that the I instituted such investigation I/we specifically authorize t information contained herein that the Board of Directors a any action or claim by me/wherein or in connection with	of my/our backgro hem to make such and attached here and members of Th us in connection v	ound as they deem necessary in investigation, and herely to may be used in such in the Association shall be he with the use of the inform	ry. Accordingly, by agree that the investigation, and ld harmless from
Purchaser/Lessee	Date (CONTINUED	Purchaser/Lessee	Date

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OCCUPANCY PETITION:

ATTENTION - APPLICATION CHECKLIST (must be completed)

The following are <u>mandatory</u> for the processing of this Application Package and all must be delivered for Application Acceptance and for processing to start.

A minimum of two weeks processing time must be expected starting upon the Associations physical Receipt (<u>originals must be delivered</u>) and Official Acceptance of all items listed below (<u>please mark the check boxes for each item completed below</u>):
☐ A fully completed and signed Occupancy Petition ☐ A fully completed Application for Occupancy ☐ A fully completed and signed Disclosure and Credit Release Form ☐ A legible copy of the official Contract to Purchase or Lease (all pages) ☐ An Application Fee (check made payable to The Island Club Association, Inc.) in the amount of \$100.00 per Applicant (An Applicant is any Adult that will be Residing in the Unit and non-husband/wife applicants require an application per Adult be submitted)
The following is for Association use only! Any unauthorized filling of the area below will negate Acceptance of this form!
APPLICATION FOR UNIT # at The Island Club Association, Inc.
APPLICATION ACCEPTANCE DATEmm/dd/yyyy
ACCEPTED BY
APPROVAL OF BOARD OF DIRECTORS: Date
DISAPPROVAL OF BOARD OF DIRECTORS: Date

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APPLICATION FOR OCCUPANCY – THE ISLAND CLUB ASSOCIATION, INC.

APPLICATION STIPULATIONS:

- If any question is not answered or is left blank, this application may be returned, not processed, and/or not approved.
- Complete account information, phone numbers, and addresses are required.
- A separate Application for each resident is required if not legally married.
- Any misrepresentation or falsification of information may result in your disqualification.
- Only Applicants are Authorized to sign forms.
- Hand deliver to Secretary or Mail forms to: 1501 South East 15th Street Office, Fort Lauderdale, FL 33346-2749

PLEASE PRINT OR	TYPE - COMPLETE ALL QU	JESTIONS - FILL IN ALL BLANKS DATE
UNIT #	IS THIS A - PURCHASE [_] or LEASE [] (Lease terms must be for 12 months ONLY)
EMAIL		DESIRED OCCUPANCY DATE
APPLICANT NAME_		PHONE #
SPOUSE EMAIL		MARRIAGE CERTIFICATE STATE
SPOUSE NAME		PHONE #
		NO. OF CHILDRENAGES
CHILDREN NAMES		
PET		
	40lbs max) Must Supply -	Type (eg: Dog), Breed (eg: Beagle), Age (years old) & Weight (in Lbs)
CARS (Make/Model/)	/ear/Color/State/Plate# for ea	ach Vehicle – 2 max)
Critical (Flancy Flowery)		uch vehicle 2 maxy
IN CASE OF EMERG Name, Address,	Phone No.	- RESIDENCE HISTORY
Present Address	(Include Apt. No.)	
Apt. or Condo Nam	e if Applicable	How Long
Landlord Name and	Phone No. or Mortgage He	lolder Name, Phone No. and Loan No.
Previous Address 1	(Include Apt. No.)	
Apt. or Condo Nam	e if Applicable	How Long
Landlord Name and	Phone No. or Mortgage He	lolder Name, Phone No. and Loan No.
Previous Address 2	(Include Apt. No.)	Phone
Apt. or Condo Nam	e if Applicable	How Long
Landlord Name and	Phone No. or Mortgage Ho	lolder Name, Phone No. and Loan No.

APPLICATION FOR OCCUPANCY – THE ISLAND CLUB ASSOCIATION, INC.

PLEASE PRINT OR TYPE - COMPLETE ALL QUESTIONS - FILL IN ALL BLANKS

PART II – EMPLOYMENT REFERENCES

	Phone
Dept. or Position	Approximate Annual Income
	Phone
Dept. or Position	Approximate Annual Income
PART III – BANK REFERENCES	
	Phone
Checking or Savings	How Long w/ this Bank
	Phone
Checking or Savings	How Long w/ this bank
	Phone
Checking or Savings	How Long w/ this bank
PART IV – CHARACTER REFERENCES	
Work Phone No.	. Home Phone No.
Work Phone No.	. Home Phone No.
	Dept. or Position PART III — BANK REFERENCES Checking or Savings Checking or Savings Checking or Savings Work Phone No.

The Island Club Association, Inc.

As of 5/14/2018

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APPLICATION FOR OCCUPANCY - THE ISLAND CLUB ASSOCIATION, INC.

Disclosure and Credit Release Form

Disclosure Authorization:

As part of the application process for residency at The Island Club Association, Inc. (The Association), I/We understand that The Association, and/or its agents, may conduct an investigation of my/our personal information. The investigation might include, but is not limited to, names and dates of previous/current employment, criminal history records (from state, federal and other agencies), credit history, social security number verification and bankruptcy records. I/We understand that these records may be used for the eligibility of my/our residency. I/We authorize without reservation the full release of these records and for The Association and/or its agents contracted by The Association to obtain such information.

In addition, I/we release and discharge The Association, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints, for the investigative process. I/We also authorize the full release of the information described above, without any reservation, throughout any duration of my residency at The Island Club Condominium. I/We also certify that all information provided is correct on the application to the best of my/our knowledge. Any false statements provided will be considered just cause for rejection of residency.

Upon Request, The Association will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: The Island Club Association Inc., 1501 SE 15 St - Office, Ft. Lauderdale, FL 33316.

PLEASE PRINT	OR TYPE -	COMPLETE	ALL QUESTIO	NS - FILL IN ALL BLANKS (All belo	ow is used for records retrieval)
Applicant's Nam	ne:				
		First		Middle Initial Last	
Date of Birth: _	mm/	dd/	уууу	Social Security Number:	
Spouse's Name:					
		First		Middle Initial Last	
Date of Birth:	mm/	dd/	уууу	Social Security Number:	
		C	redit Relea	se Authorization:	
or Federal Law o understand that I/	r Fair Cred we have a r out any res	it Report Acient to obtain	et or Equal Empl n a copy of my/c	e information therein shall be used i loyment Opportunity Law or appropur own credit report and can dispute bureau contacted by The Association	priate regulations. I/We also e any information.
of the Discloser The Applicant(s)	Authorization also agreed or its Agent	on and Crec(s) that if the (s) will not	lit Release Auth is Application is be liable or resp	Stipulations of this Application for corization contained in this Disclos is not legible or is not completely a consible for any inaccurate informations or illegibility.	er and Credit Release Form. and accurately filled out, the
Applicant Signature	e		Date	Spouses Signature	Date
					7.