

# RESIDENCY APPLICATION

## INSTRUCTIONS:

1. If applicants are not legally married, an application for each person must be completed.
2. Print legibly or type all information. Account and telephone numbers and complete addresses are required.
3. If any question is not answered or if blank, this application may be returned, not processed and not approved.
4. Missing information will cause delays in processing your application.
5. Only the applicant(s) are authorized to sign this form.

## APPLICATION FOR RESIDENCY / APPROVAL

Apt. No. \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_ Desired Date of Occupancy \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(First, Middle, Last) (Canada SIN / Brazil CPF & RG #)

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(First, Middle, Last) (Canada SIN / Brazil CPF & RG #)

( ) Single ( ) Married ( ) Widow(er) ( ) Separated ( ) Divorced Maiden Name: \_\_\_\_\_  
(How Long: \_\_\_\_\_)

Number of Persons who will occupy: Adults (over age 18) \_\_\_\_\_ Children (over age 18) \_\_\_\_\_

Names and ages of applicant's children (over 18) who will occupy:  
\_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Name) (Full address) (Relationship) (Telephone)

## PART I - RESIDENCY HISTORY

A. Present Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
(Street address, Apt. No., City, State, Zip Code)  
Name of Apt. / Condo: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_ - \_\_\_\_\_  
Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Mtg. No. \_\_\_\_\_  
(Street address, Apt. No., City, State, Zip Code)

B. Previous Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
(Street address, Apt. No., City, State, Zip Code)  
Name of Apt. / Condo: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_ - \_\_\_\_\_  
Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Mtg. No. \_\_\_\_\_  
(Street address, Apt. No., City, State, Zip Code)

## PART 2 - EMPLOYMENT

A. If Retired: Monthly Income: \_\_\_\_\_ (or) Annual Income: \_\_\_\_\_

B. If Employed: Employer (Business Name): \_\_\_\_\_ Phone: \_\_\_\_\_  
How Long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(Street address, Suite., City, State, Zip Code)

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IF SELF-EMPLOYED:

Business Name, Type of Business, Name of Business Accountant, Address of Business Accountant, Name of Business Attorney, Address of Business Attorney, Phone, State Incorporated, Phone, ZIP Code, Phone, ZIP Code

Previous Employment (Business Name), How Long, Dept. or Position, Address, Phone, Monthly Income, ZIP Code

C. Spouse's Employment (Business Name), How Long, Dept. or Position, Address, Phone, Monthly Income, ZIP Code

IF SPOUSE IS SELF EMPLOYED:

Business Name, Type of Business, Name of Business Accountant, Address of Business Accountant, Name of Business Attorney, Address of Business Attorney, Previous Employment (Business Name), How Long, Dept. of Position, Address, Phone, State Incorporated, Phone, ZIP Code, Phone, ZIP Code, Phone, Monthly Income, ZIP Code

PART 3 - BANK REFERENCE

Bank Reference, Address, How Long, Checking Acct. #, Bank Contact Name (if any), Phone, ZIP Code, Savings Acct.#

PART 4 - CRIMINAL CONVICTIONS

Have you ever been convicted of a crime? Name at time of conviction: Jurisdiction (Name of Court / Location/ etc.): If yes, describe in full:

PART 5 - CHARACTER REFERENCES - NO RELATIVES

1. Name, Address, ZIP, Res. Phone, Office Phone, Cell Phone; 2. Name, Address, ZIP, Res. Phone, Office Phone, Cell Phone

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PART 6 - VEHICLES

Applicant's Driver's License Number:

(Applicant #1) \_\_\_\_\_ State: \_\_\_\_\_

(Applicant #2): \_\_\_\_\_ State: \_\_\_\_\_

Number of Vehicles to be parked on premises: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_ State \_\_\_\_\_

TELEPHONE NUMBER WHERE APPLICANT(S) MAY BE CONTACTED DURING PROCESSING PERIOD:

Tel: \_\_\_\_\_

Tel: \_\_\_\_\_

ADDRESS WHERE APPLICANT MAY BE CONTACTED DURING PROCESSING PERIOD.

Address: \_\_\_\_\_

If this application is not legible or is not completely and accurately completed, the association / management and their agent, Pelican Group International LLC, will not be liable or responsible for any inaccurate information in the investigative report provided to the association caused by such omissions or illegibility.

By signing, the applicant recognizes that the Association or their agent, Pelican Group International LLC, may investigate the information provided by the applicant and a full disclosure of pertinent facts may be made to the association. An investigation may be made of the applicant's character, general reputation, personal characteristics, financial solvency, credit standing, police arrest record and mode of living as applicable.

Signature \_\_\_\_\_  
*Applicant*

Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_  
*Applicant*

Date \_\_\_\_\_

Print Name: \_\_\_\_\_