

RESIDENTIAL APPLICATION

- INSTRUCTIONS: 1. If applicants are not legally married, an application on 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 left blank, this application may be returned, not processed and not approved.
4. Missing information will cause delays in processing your application.
5. Only the applicants are authorized to sign all forms.

APPLICATION FOR OCCUPANCY / APPROVAL

Purchase _____ or Lease _____ (how long) Apt. No. _____ Date _____ 20__ Desired date of occupancy _____ 20__

Name _____ Date of Birth _____ Social Security No. _____
(Passport, Alien, Green Card, Social Insurance No.)

Spouse _____ Date of Birth _____ Social Security No. _____
(Passport, Alien, Green Card, Social Insurance No.)

() Single () Married () Widow(er) () Separated _____ () Divorced _____ Maiden Name _____
(How Long)

Number of persons who will occupy: Adults (over age 18) _____ Children (over age 18) _____ Children (under age 18) _____

Names and ages of children who will occupy: _____

In case of emergency notify: _____ / _____ () _____
Name Full Address Relationship Telephone

PART 1 - RESIDENCE HISTORY

A. Present Address _____ Phone (____) _____
(Street Address, Apt. No., City, State, Zip Code, Country)

Name of Apt. / Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____
(Street, City, State, Zip code)

B. Previous Address _____ Phone (____) _____
(Street Address, Apt. No., City, State, Zip Code, Country)

Name of Apt. / Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____
(Street address, City, State, Zip Code)

C. IF EITHER / BOTH ADDRESSES ABOVE ARE LESS THAN ONE (1) YEAR, PLEASE ENTER PRIOR ADDRESS BELOW:

Prior Address _____ Phone (____) _____
(Street Address, Apt. No., City, State, Zip Code, Country)

Name of Apt. / Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____
(Street address, City, State, Zip Code)

PART 2 - EMPLOYMENT

A. If Retired: Monthly Income _____ (or) Annual Income _____

B. Employed By (Business Name) _____ Phone (____) _____

How Long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip Code _____
Street address, City, State, Zip

(continued on the following page) ↗

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Self - Employed - (When Applicant is self - employed):

Business Name _____ Phone (____) _____
Type of Business _____ State of Incorporation or Filing _____
Name of Business Accountant _____ Phone (____) _____
Address of Business Accountant _____ Zip Code _____
Name of Business Attorney _____ Phone (____) _____
Address of Business Attorney _____ Zip Code _____

Previous Employment (Business Name) _____ Phone (____) _____
How Long _____ Dept. or Position _____ Mo. Income _____
Address _____ Zip Code _____

C. Spouse's Employment (Business Name) _____ Phone (____) _____
How Long _____ Dept. or Position _____ Mo. Income _____
Address _____ Zip Code _____

Self - Employed - (When Applicant is self - employed):

Business Name _____ Phone (____) _____
Type of Business _____ State of Incorporation or Filing _____
Name of Business Accountant _____ Phone (____) _____
Address of Business Accountant _____ Zip Code _____
Name of Business Attorney _____ Phone (____) _____
Address of Business Attorney _____ Zip Code _____

Previous Employment (Business Name) _____ Phone (____) _____
How Long _____ Dept. or Position _____ Mo. Income _____
Address _____ Zip Code _____

PART 3 - BANK REFERENCES

A. Bank Reference _____ Phone (____) _____
Address _____ Zip Code _____
How Long _____ Checking Acct. No. _____ Savings Acct. No. _____

B. Bank Reference _____ Phone (____) _____
Address _____ Zip Code _____
How Long _____ Checking Acct. No. _____ Savings Acct. No. _____

(continued on the following page)

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PART 4 - THREE (3) CHARACTER REFERENCES - NO RELATIVES

- 1. Name, Res. Phone, Office Phone, Address, Zip Code
2. Name, Res. Phone, Office Phone, Address, Zip Code
3. Name, Res. Phone, Office Phone, Address, Zip Code

VEHICLES

Applicant's Driver's Lic. No. [#1] State [#2] State
Spouse's Driver's Lic. No. [#1} State [#2] State
Number of Cars (to be parked here)
Make Model Year Plate No. Color State

TELEPHONE NUMBER WHERE APPLICANT MAY BE REACHED DURING PROCESSING PERIOD (____) _____
ADDRESS WHERE APPLICANT MAY BE REACHED DURING PROCESSING PERIOD _____

If this application is NOT legible or is not completely and accurately filled out, the landlord / owner and their agent , Pelican Group International LLC, will not be liable or responsible for any inaccurate information in the investigation and related report (to the landlord / owner) 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 supplied by the applicant and a full disclosure of pertinent facts may be made to the landlord / owner. The 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

Signature Co - Applicant Date

