



Hillsboro Cove

Condominium Association, Inc.

1365 E. HILLSBORO BOULEVARD/DEERFIELD BEACH, FL 33441

(954) 421-2920

Control No. _____

Apartment No. _____

Date Issued _____

Date Accepted _____

APPLICATION FOR COHABITATION/GUEST APPROVAL

1. - This application, an application for occupancy, must be completed in detail by the owner and by each permanent occupant.
2. - If any question is not answered or left blank, this application will be returned, not processed and not approved.
3. - Please attach a NON-REFUNDABLE processing fee of \$100.00 to this application, made payable to HILLSBORO COVE COPNDOMINIUM ASSOCIATION, INC. for each applicant, other than husband/wife or parent/child (which is considered one applicant).
4. - All applicants must make themselves available for a personal interview prior to final Board of Directors approval.
5. - No apartment may be permanently occupied by children under 16 years of age.
6. - No boats, trailers, motor homes, campers, trucks (exceeding size limits), recreational vehicles, motorcycles or mopeds are permitted to park on the premises. All carport areas are for passenger cars or approved trucks only.
7. - No permanent occupant or guest may have a pet(s).
8. - No car or truck of an owner or permanent resident may be parked on the premises of the condominium without having an appropriate sticker, as provided in the Rules and Regulations.

PART I - TO BE COMPLETED AND SIGNED BY THE CURRENT ONWER(S)

I/We hereby notify the Association of my/our intent to have a permanent occupant in apartment No. _____, Building _____ and request that the Association approve the application.

Apartment Owner: _____ (Signature)

Apartment Owner: _____ (signature)

PART II TO BE COMPLETED BY THE APPLICANT(S)

I/We request the board of Directors of Hillsboro Cove Condominium Association, Inc. to approve my/our application for occupancy to Apartment No. _____ in the _____ building.

A. Full name(s), birth date and Social Security number of applicant (s)

1. _____ Birthdate: _____

Social Security No. _____

B. Have you ever resided in Florida before? ____ If yes, please state the address and dates of residency.

C. Have you ever been convicted or pled to a crime? ____ If yes, please state the date (s), charge (s) disposition (s) and locations(s): _____

D. RESIDENCE HISTORY

In case of Emergency notify: _____

	NAME	ADDRESS	PHONE
1. Present Address	_____	_____	_____

	Apt. or Condo Name	Phone	DATES OF RESIDENCY
2. Previous Address	_____	_____	_____

	Apt. or Condo Name	Phone	DATES OF RESIDENCY
	_____	_____	_____

I/We authorize the Board of Directors of the Association to instituted such an investigation of my/our background as the Board may deem necessary, accordingly authorize the Board of Directors, Management and/or Associated Credit Reporting, Inc., Inc. to make such investigation.

I/We agree that information contained in this application may be used in such investigation; further, I/we agree that the Association and its Board of Directors and Management shall be held harmless from any action or claim by me/us in connection with the use of the information furnished by me/us or obtained as a result of such investigation.

Applicant Signature

Applicant (Spouse)

Associated Credit Reporting, Inc.

4690 NW 103rd Avenue, Sunrise, Florida 33351
www.associatedcreditreporting.com

Established 1985

Phone: 754-216-0025
Toll Free: 800-676-7640
Fax: 954-635-2157
Toll Free Fax: 800-235-7185

AUTHORIZATION FORM

I/We hereby authorize Associated Credit Reporting, Inc. to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! ****

APPLICATION FOR OCCUPANCY

Association Name: Hillsboro Cove Condo. Assoc. Inc.

Circle one: Purchase - Lease - Occupant - Unit.# _____ Bldg.# _____ Address applied for: _____

Full Name _____ Date of Birth _____ Social Security # _____

Circle One: Single - Married - Separated - Divorced - How Long? _____ Other legal or maiden name _____

Have you ever been convicted of a crime? _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Applicant's Cell Number(s) _____ Applicant's Email Address _____

Spouse _____ Date of Birth _____ Social Security # _____

Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

Spouse's Cell Number(s) _____ Spouse's Email Address _____

No. of people who will occupy unit - Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

In case of emergency notify _____ Address _____ Phone _____

PART I - RESIDENCE HISTORY

A. Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg. Amount _____

Are you on the Lease? _____ If not, who is the leaseholder? _____ Are you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

B. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg. Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

C. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg. Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

PART II – EMPLOYMENT REFERENCES

Include a recent copy of an earnings statement to expedite processing

A. Employed by _____ Phone _____
 Dates of Employment: From: _____ To: _____ Position _____ Fax _____
 Monthly Gross Income _____ Address _____

B. Spouse Employed by _____ Phone _____
 Dates of Employment: From: _____ To: _____ Position _____ Fax _____
 Monthly Gross Income _____ Address _____

PART III – BANK REFERENCES

Include a recent copy of a bank statement to expedite processing

A. Bank Name _____ Checking Acct. # _____ Phone _____
 Address _____ Fax _____

B. Bank Name _____ Savings Acct. # _____ Phone _____
 Address _____ Fax _____

PART IV – CHARACTER REFERENCES (No Family Members)

1. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____

2. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____

3. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____

4. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____

Are you using a realtor? Yes _____ No _____ If yes: Realtor's name _____
 Email Address _____ Cellular Phone _____

Driver's License Number (Primary Applicant) _____ State Issued _____
 Driver's License Number (Secondary Applicant) _____ State Issued _____
 Make _____ Type _____ Year _____ License Plate No. _____
 Make _____ Type _____ Year _____ License Plate No. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____