Application for PIER RESORT CONDOMINIUM ASSOCIATION, INC.

Unmarried Co-Applicants Fill Out A Separate Application. Do not leave any blank spaces. Please use black ink

Name						DOB	1 1		
Last First	MI Jr. Sr.	., Prior							
Spouse Last First	MI Maiden	1				DOB	1 1		
Drivers License #			ST	Spo	use's Drive	rs License #			ST
Other			_						
Name	Relationship		Age	SS#		Name	Relationship	Age	SS#
Occupants	Relationship		Age	SS#	·	Name	Relationship	Age	
Home Phone ()								
Present Address									
Street	ı			Apt. #		City		State	Zip Code
Length of Residence:	/ . Yr.	To /	/ Yr.	Monthly Rent/M	lortgage \$ _		_		
Previous Address									
Stree	t			Apt.#		City		State	Zip Code
Length of Residence:	/ . Yr.	To /	/ Yr.	Monthly Rent/M	lortgage \$ _		_		
In Case of								,	
Emergency Notify Name			Re	lationship		Address		Phone Number)
Have you ever had adjud	ication wit	thheld or be	een convi	icted of crime?		Applicant:	Yes No	Spouse:	Yes No
 If you have answe situation on back o	red yes	to any	of the a	bove ques	tions ple			_	<u> </u>
AUTHORIZATION (statements on the a report including, bu records, court reco management Applie rejection of this ap	pplication	on for re	ntal are	true and co	pplicant(s pmplete, a	and hereby a	authorizes a	an investig	ative consumer
records, court reco	rds, and	d credit	records	s. This appl	ication m	nust be sign	ed before	it can be	processed by
rejection of this ap	plication	n, termii se unde	nation or the la	of right of o	ccupanc State.	y, and/or fo	rfeiture of	fees or de	posits and may
						pay \$_ 50.0 0) for the	e first appli	cant and \$50.00
NON-REFUNDABLI for each additional processing fee. This	applica applica	nt 18 ye ation is p	ars of a relimina	age or oldei ary only and	r. The ap does not	plicant is a⊣ cobligate ow	no n-refund ner or own	lable back er's agent t	ground ch eek to execute a lease
or deliver possession	n of the p	proposed	i premis	ses. No oral	agreeme	ents have bee	en made.		
Applicant's Signature				ate	Spouse's S	Signature			Date
rippinouni o orginaturo			_	u	Opoulo o c	Jigilataro			24.0
Please hand deliver this	annlicatio	n along wit	h a logihl	la nhata cany (of a govern	mant issuad ida	ntification for	all applicants	2 19 and
over. In addition check, o	ashiers cl	heck or cre	dit card p	payment. We d	o not accep	t cash. Please	deliver to:	an applicants	o io aliu
Advanced Property Man 1978 U.S. Hwy 1	agement								

Suite 106 Rockledge, FL 32955

Email: Assistant@apmfla.com

Office: (321) 636-4889 Fax: (321) 636-4891

Monday – Thursday: 9:00am – 4:00pm (Excluding Holidays) Friday: 8:00am – 3:00am (Excluding Holidays)