

**Carousel Cove Homeowners Association**

**Background Check: Each adult on the application must complete this form.**

**PLEASE PRINT LEGIBLY.**

Address of Unit: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

\*Driver's License Numbers and Social Security Numbers are required for a criminal background check. This information will not be given to any other party for any reason at any time. It is considered privileged and confidential.

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

I authorize Gulf Breeze Management Services of SW Florida, Inc. to obtain my public records and to investigate any personal information on me necessary to arrive an at applicant decision.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Gulf Breeze Management Services of SW Florida, Inc.  
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Bonita Springs, FL 34135

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