## Application for Purchase/Residency DATE: PROPERTY OWNER: PROPERTY ADDRESS: WIMBLEDON PARK ORLANDO NO. 1 - 32 S. SEMORAN BLVD. # ORLANDO, FL 32822 TO BE FILLED OUT BY OWNER: My rental agent is: Phone: E-mail: Or Owner Contact Name::\_\_\_\_\_ Owner Contact Number: E-mail: Tenant/Lessee has been provided a copy of the Rules and Regulations? Yes\_\_\_\_\_\_ No\_\_\_\_\_ TO BE FILLED OUT BY APPLICANT: Personal Information Applicant's Name \_\_\_\_\_ Are you or the Co-Applicant an active Service Member?\_\_\_\_\_ Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_ Driver's License # & State \_\_\_\_\_ Sex \_\_\_\_ Home Phone No.: Cell Phone No.: E-mail Address: \_\_\_\_\_ Social Security Number \_\_\_\_ Co-applicant / Spouse's Name Driver's License # & State Sex Number of Occupants \_ E-mail Address: Other contact # Cell Phone No.: Other Occupant's Names & Ages \_\_\_\_\_ \_ Pets: Yes\_\_\_\_ No\_\_\_\_ Residence History - Past 3 Years State \_\_\_\_\_ Zip \_\_\_\_ Present Address \_\_\_\_\_ City \_\_\_\_\_ How Long? \_\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_ Monthly Payment \_\_\_\_ Own or Rent Name of Present Landlord or Mortgage Company \_\_\_\_\_ Landlord's Phone Number( ) Landlord's Address City Previous Address State Zip How Long? Monthly Payment Own or Rent Reason for Leaving Name of Previous Landlord or Mortgage Company Landlord's Phone Number (\_\_\_\_)\_ Landlord's Address **Employment History - Past 3 Years** Present Employer \_\_\_\_\_ \_\_\_\_\_ Supervisor(s) \_\_\_ \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone Number (\_\_\_\_\_\_) \_\_\_\_\_ Position \_\_\_\_\_\_ How Long? \_\_\_\_\_\_ Salary \$\_\_\_\_\_per \_\_\_\_\_ Previous Employer \_\_\_\_\_ Supervisor(s) \_\_\_\_\_ \_\_\_\_\_ City \_\_\_\_\_ State\_\_\_\_ Zip \_\_\_\_\_ Phone Number (\_\_\_\_\_\_) \_\_\_\_\_ Position \_\_\_\_\_\_ How Long? \_\_\_\_\_\_ Salary \$\_\_\_\_\_per \_\_\_\_\_ Supervisor(s) Spouse's Present Employer \_\_\_\_\_City \_\_\_\_\_ State\_\_\_\_ Zip \_\_\_\_\_ Address

Phone Number (\_\_\_\_\_\_ Position \_\_\_\_\_\_ How Long? \_\_\_\_\_\_ Salary \$\_\_\_\_\_ per \_\_\_\_\_

Name		References Phone N	umber ()		
Address		City	Cto	to Zin	
AddressName		City Phone N	Sia umber ()	teZip	
Address				te Zip	
In Case of Emergency, Notify	Additional	<b>Information</b>			
Address	City	State	Zip	_ Relationship	
Nearest Relative, Notify			Phone	()	
Address	City	State	Zip	_ Relationship	
		License Plate No.			
Note: 2 Vehicles Per Unit Make/Mode	el	License Plate No.			
CONVICTIONS: Have you ever been a DUI, etc Ar					
Has the Co-Applicant ever been arrest DUI, etc Ar	ed? ny criminal charged now pendin			any crime, including misdemeanors	
I understand <b>WIMBLEDON PARK OF</b> and must abide by the same as if I we and so agree to abide by the same. understand that a Credit Bureau inforchecked. I HAVE ATTACHED MY \$7 made payable to M&M MANAGEMEN. I hereby authorize M&M Managemer companies, credit bureaus, corporation my background and criminal history. Applicant acknowledges that false information I have provided is accurate information I have provided is accurate.	ere an owner. I have received a l acknowledge that a copy of mation report will be obtained 5.00 PER PERSON NON-REFT PLUS (credit cards are also a nt Plus, Inc., or any agent of ans, law enforcement agencies, I also hereby release any of promation herein may constitute to constitute a criminal offense unit	a copy of WIMBLE of the Governing I for Board review (UNDABLE APPLICACCEPTED).  your company, to persons and educate the above from grounds for rejection der the laws of this	EDON PARK ORLA Documents is availand my credit refe CATION FEE, eith contact any of reational institutions to liability and respondent of this applications state. I believe	ANDO NO. 1 Rules and Regulatio lable on <a href="https://www.wimbledon1.com">www.wimbledon1.com</a> . Prences and criminal records will ler in cash or a cashiers check on my references, previous employer to supply any information concerning sibility arising from their doing son, termination of right of occupan	
Applicants Signature			Da	ıte	
Applicants Signature			Da	ite	
The above approval is given by <b>WIMB</b> terminated on two weeks notice by the majority vote, the Board of Directors Declaration of Condominium; or if the addition to the Tenant/Lessee(s) name at least seven (7) months.	ne majority vote of the Board of determines that the Tenant/Les above unit is occupied by pers	of Directors, withous ssee has violated sons other than the	ut further consent any of the Associa e Tenant/Lessee(s	or action by the Lessor, if, by su- ations Rules and Regulations or the b) named above, or other persons	
APPROVED:	DISAPPROVED		DATE_		
BY:		PRINT NAME:			
RETURN DOCUMENT TO:	M&M MANAGEMENT PLUS P.O. BOX 560698, ORLANDO, FL 32856-0698				

 $\textit{M&M Management Plus, Inc.} \bullet 371 \text{ Brightwaters Drive, Cocoa Beach, FL } 32931, (P.O. Box 560698, Orlando, FL 32856-0698) \\ \bullet \textit{Phone} (407) 832-3514 \bullet \textit{Fax} (407) 233-0579 \bullet \textit{E-mail address} : mmmgmtplus@aol.com$ 

or 371 BRIGHTWATERS DRIVE, COCOA BEACH, FL 32931