

**Consolidated Community Management, Inc.**

7124 N. Nob Hill Road  
Tamarac, Florida 33321  
954-718-9903

**DOMICILE APPLICATION**

**Community Name:** \_\_\_\_\_

*Applications and supporting documents must be hand delivered or mailed.  
Faxed or e-mailed applications and supporting documents will not be accepted.*

**Applicant(s) must initial each line** indicating the required documentation listed is enclosed.

- \_\_\_\_\_ **\$100 non-refundable application fee** per applicant/occupant age 18 or over (\$100 per married couple)  
Cash or money order only made payable to: **Consolidated Community Management, Inc.**
- \_\_\_\_\_ Letter from owner stating applicant has no financial interest or responsibility regarding unit
- \_\_\_\_\_ Copy of driver's license / ID for all applicants  
(Foreign nationals must provide a copy of current VISA and Passport)
- \_\_\_\_\_ Copy of current registrations for all vehicles parked on property
- \_\_\_\_\_ Application for Occupancy Form  
(Copy of marriage certificate required if married with different last names)
- \_\_\_\_\_ Acknowledgement Page - must be signed by ALL applicants
- \_\_\_\_\_ Pet Verification Form - must be signed by ALL applicants  
(See community rules & regulations regarding pets)
- \_\_\_\_\_ Color photograph of all vehicles (front and rear angles)

**All items listed are required at the time the application is submitted.**

**Please note:**

- **Additional documentation may be required.**
- **Canadian applicants must provide Canadian credit report**
- **The application process may take up to 30 days.**
- **Please do not schedule closings or occupancy until you have been notified of applicant's orientation date.**
- **DO NOT CALL our office to verify the status of the application until 21 days from date of submission**

**\*\*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED\*\***

# **APPLICATION FOR OCCUPANCY - DOMICILE**

**INSTRUCTIONS:**

1. **Any occupant age 18 or older must complete this application and pay an application fee.** If occupants are not legally married each person must pay a separate application fee.
2. Print legibly or type all information. Account and telephone numbers and complete addresses are required. If any question is not answered or left blank; this application may be returned, not processed and not approved. Missing information will cause delays in processing your application. All application spaces **MUST** be filled in.
3. Only the applicants are authorized to sign all forms.

Today's date: \_\_\_\_\_ Desired date of Occupancy: \_\_\_\_\_

Address of unit or home for this application: \_\_\_\_\_

Name of Realtor: \_\_\_\_\_

Cell phone & e-mail of Realtor: \_\_\_\_\_

## DOMICILE INFORMATION

	APPLICANT	CO-APPLICANT
<b><u>Marital Status</u></b>	Name: _____ Last	Name: _____ Last
Single	First _____ Middle Initial _____	First _____ Middle Initial _____
Married	Maiden _____	Maiden _____
Separated	SSN: _____ - _____ - _____	SSN: _____ - _____ - _____
Divorced	DOB: _____ / _____ / _____	DOB: _____ / _____ / _____
	DL / ID: _____ NUMBER STATE	DL / ID: _____ NUMBER STATE
Address	Current street address _____ City _____ State _____ Zip Code _____	Current street address _____ City _____ State _____ Zip Code _____
Phone	(____) _____ Home / Primary Phone # (____) _____ Cell /Secondary Phone #	(____) _____ Home / Primary Phone # (____) _____ Cell /Secondary Phone #
Email	Email address _____	Email address _____
<b>NO. OF OTHERS TO OCCUPY</b>  (_____)	Name: _____ Last First _____ Age: _____ Relationship: _____	Name: _____ Last First _____ Age: _____ Relationship: _____
	Name: _____ Last First _____ Age: _____ Relationship: _____	Name: _____ Last First _____ Age: _____ Relationship: _____

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# **APPLICATION FOR OCCUPANCY - DOMICILE**

	APPLICANT	CO-APPLICANT
<b>VEHICLE INFO</b>	<b>COPY OF VEHICLE REGISTRATION &amp; DRIVERS LICENSE MUST BE ATTACHED</b>	<b>COPY OF VEHICLE REGISTRATION &amp; DRIVERS LICENSE MUST BE ATTACHED</b>
	Year _____ Make _____	Year _____ Make _____
	Model _____	Model _____
	State _____ Tag. No. _____	State _____ Tag. No. _____
	Color _____	Color _____

I understand that the Board of Directors of the Association and/or Consolidated Community Management Inc., their agent, may institute an investigation of my background (including credit, criminal and eviction reports) as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Consolidated Community Management, Inc. and First Advantage Resident Screening to make such investigation and agree that the information contained in this application and any attached documentation may be used in such investigation; and that the Board of Directors and Officers of the Association, Consolidated Community Management, Inc. and First Advantage Resident Screening shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors / Consolidated Community Management, Inc. or First Advantage Resident Screening.

**I understand that false information given herein may constitute grounds for rejection of this application, denial of occupancy and/or forfeiture of any deposits.**

Applicant's Signature: \_\_\_\_\_

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

Co-applicant's Signature: \_\_\_\_\_

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

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# **ACKNOWLEDGEMENT**

- I have received, read, understand, and agree to comply with the Rules & Regulations for this community. Under Florida Law, I understand it is the homeowner's responsibility to provide me with these items.
- I understand that the Rules & Regulations can be amended or changed for the association by the Board of Directors from time to time.
- I understand the application process can take up to 30 days, and agree I will not occupy the premises prior to my orientation and certificate of approval being issued.
- I understand that my moving date should not be scheduled prior to notification of the orientation date.

**IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS**, please explain the circumstances regarding the situation on a separate piece of paper attached and attach to the application.

ALL APPLICANTS MUST ANSWER EACH QUESTION BELOW.	APPLICANT	CO-APPLICANT
1. Have you ever had an eviction filed against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you ever left owing money to any owner or landlord?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you ever applied for residency anywhere in the past 2 years, but did not move in?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you ever had adjudication withheld or been convicted of a crime?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

***Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, determination of occupancy approval, and / or forfeiture of fees or deposits.***

***I / we certify under penalty of perjury that I/we agree to and understand all items on these pages and in this application for occupancy.***

\_\_\_\_\_  
Applicant Name Printed

\_\_\_\_\_  
Co-applicant Name Printed

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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# **PET VERIFICATION FORM**

All parties listed on application MUST sign below

## **Complete and sign section A if you DO NOT own a pet**

### **SECTION A:**

Name: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

I DO NOT OWN A PET: \_\_\_\_\_

Applicant Signature

Co-applicant Signature

**\*\*YOU MUST RESUBMIT PET ACKNOWLEDGEMENT FORM IF AT ANY POINT IN THE FUTURE, YOU OR ANYONE RESIDING IN YOUR UNIT ACQUIRES A PET\*\***

\*\*\*\*\*

## **Complete and sign section B if you DO own a pet**

### **SECTION B:**

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Type of pet (Breed): \_\_\_\_\_

Weight of pet: \_\_\_\_\_

Weight of pet at maturity: \_\_\_\_\_

Pet's name: \_\_\_\_\_

Pet's color: \_\_\_\_\_

Tag Number Broward County: \_\_\_\_\_

**\*\*YOU MUST INCLUDE PICTURE OF PET FOR IDENTIFICATION PURPOSES\*\*  
\*\* STATEMENT FROM VETERNARIAN CERIFYING BREED AND HISTORY OF SHOTS ARE REQUIRED\*\***

Please remember all dogs are to be walked on a leash, the dog's owner is responsible for the removal of their dogs excretion.

By signing below I verify I have read and understand the above and will abide by the rules and regulations of the community.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-applicant Signature

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