

West Bay at Jonathan's Landing



Application

APPLICATION FOR RESIDENCY

PLEASE NOTE: A COPY OF THE LEASE OR SALES CONTRACT AND YOUR APPLICATION FEE OF \$100

(NON-REFUNDABLE) MUST BE SUBMITTED WITH THIS APPLICATION)

PLEASE PRINT ALL INFORMATION

Please Indicate _____ Lease _____ Purchase _____ Date _____

Owner(s)' Name(s) _____

West Bay Address _____

Applicant's Name _____ DOB: _____ SS# _____

Home Telephone # _____

Cell Phone # _____

Co-Applicant's Name _____ Maiden Name (if applicable) _____

Marital Status _____ No./Ages of Children Occupants _____

No. of Pets/Describe _____

In Case of Emergency Notify _____

Address _____ Phone # _____

Present Address Street/City/State/Zip _____

Phone # _____ Fax # _____ Cellular # _____

Landlord/Mortgage Co. _____ Phone # _____

Previous Address Street/City/State/Zip _____

Landlord/Mortgage Co. _____ Phone # _____

Applicant's Present Employer _____ Phone # _____

_____ Street _____ City/State/Zip _____

Length of Employment _____ Position _____ Salary _____

Applicant's Previous Employer _____

Phone # _____ Street _____ City/State/Zip _____

Length of Employment _____ Position _____

Salary _____

Co-Applicant's Present Employer _____

phone # _____ Street _____ City/State/Zip _____

Length of Employment _____ Position _____

Salary _____

HISTORY

Have you ever been convicted of a felony? ____

If yes, please provide additional information _____

BANK INFORMATION

Bank Name _____ Contact _____ Phone # _____

Address/City/State/Zip _____

Checking Acc.# _____ Opening Date: _____

Savings Acct. # _____ Opening Date: _____

Bank Name _____ Contact _____ Phone # _____

Address/City/State/Zip _____

Checking Acc.# _____ Opening Date: _____

Savings Acct. # _____ Opening Date: _____

AUTOMOBILE INFORMATION

Applicant's Driver's License#/ State _____ Expiration _____

Co-Applicant's Driver's License#/State _____ Expiration _____

Make/Model of Car _____ Year _____ License Tag #/ State _____

Make/Model of Car _____ Year _____ License Tag #/ State _____

STATEMENT OF UNDERSTANDING

It is understood that my \$100. is non-refundable. If any information is left out, this Application may not be approved, and may be returned. This Application is subject to approval.

I/We acknowledge receipt of the community "Owners' Manual." Having reviewed the document in its entirety, I/We shall abide by the rules and community processes as provided therein as well as the complete Association Documents including the Convents and Restrictions.

Willful misrepresentation may void any lease, contract for sale, or agreement entered into in connection with this Application.

I/We declare the above information to be true and correct. I/We authorize the Association or its agent to obtain and verify a consumer report.

I/We understand an investigation of My/Our background may be conducted to determine My/Our character, general reputation, personal characteristics, mode of living, and specifically authorize International Recovery Bureau (IRB) to handle this.

I/We release IRB, its employees and members from any loss, expense, or damage, which may result directly or indirectly from information or reports furnished by IRB.

Applications for residency are approved at regularly scheduled Board of Directors meetings. All applications and fees need to be submitted at least five working days prior to the Board meeting. Said meetings are normally held on the third Wednesday of each month.

Signed (Applicant) _____ Date _____

Signed (Co-Applicant) _____ Date _____

AUTHORIZATION TO RELEASE CREDIT, RESIDENCE, BANKING
AND
EMPLOYMENT INFORMATION

You are authorized to release to United Screening Services Corporation any information requested regarding my banking, credit, employment and residence.

I waive all rights and privileges concerning the release of said information and reports to USSC

Signed _____ Date _____

Please print your last name _____

You are authorized to release to United Screen Services Corporation any information requested regarding my banking, credit, employment and residence.

I waive all rights and privileges concerning the release of said information and reports to USSC

Signed _____ Date _____

Please print your last name _____

You are authorized to release to United Screening Services (USSC) any information requested regarding my banking, credit, employment and residence.

I waive all rights and privileges concerning the release of said information and reports to IRB

Signed _____ Date _____

Please print your last name _____

UNITED SCREENING SERVICES CORPORATION

I/We understand an investigation may be conducted to determine my character, general reputation, and my personal characteristics. A consumer credit report, driving history report and criminal history report maybe pulled. I/We specifically authorize United Screening Services Corporation to conduct this background investigation.

I/We release United Screening Services Corporation, its employees and members from any loss, expense, or damage which may result directly or indirectly from information or reports furnished by United Screening Services Corporation.

Applicant Name _____
(Please Print)

Date of Birth _____ SSN _____

Street Address _____

City/State/County/Zip _____

Applicant Signature _____ Date _____

Applicant Name _____
(Please Print)

Date of Birth _____ SSN _____

Street Address _____

City/State/County/Zip _____