



Registration/Application Form

PROSPECTIVE BUYER(S) FULL NAME(S): _____

PROSPECTIVE LESSEE(S) FULL NAME(S): _____

PROSPECTIVE RESIDENT(S) FULL NAME(S): _____
(If Buyer/Lessee is not an individual)

DATE: _____ **BROKER:** _____

Please complete this form carefully and thoroughly (all information must be provided or the application will be returned). Each co-applicant must submit the requested information. If the prospective Resident or Lessee is an individual, all such individuals who intend to reside in the Unit must complete this form. If the Owner or Lessee is a partnership, trust, corporation, or other business entity, this form must be completed by the (i) partner(s), beneficiary(ies), shareholder(s), or other beneficial Owner(s) of such business entity who owns at least 51% ownership interest in such partnership, trust, corporation, or other business entity, and (ii) the individual who shall reside in the Unit, if different other one of the forgoing individuals. Capitalized terms used in this document have the same meaning as set forth in the "Declaration of Condominium for Endeavour Condominium".

Name of applicant: _____

Children? ____ Yes ____ No If Yes, list ages: _____

Present address: _____ Rent or Own: _____ How Long? _____

Check one: ____ House ____ High Rise ____ Condo/Town ____ Apartment ____ Other

Reason for leaving: _____

Name and phone # of above Owner(s)/Manager(s): Present _____ Previous _____

Name of co-applicant: _____

Children? ____ Yes ____ No If Yes, list ages: _____

Present address: _____ Rent or Own: _____ How Long? _____

Check one: ____ House ____ High Rise ____ Condo/Town ____ Apartment ____ Other

Reason for leaving: _____

Name and phone # of above Owner(s)/Manager(s): Present _____ Previous _____



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Applicant:

Driver's License # _____ State: _____

Social Security # _____ DOB: _____

Home Phone # _____ Mobile Phone # _____

Employment History

Present Employer: _____

Profession: _____ Supervisor: _____

Phone: _____ Years: _____

Address: _____

City, State, Zip: _____

Previous Employment (Immediately Prior)

Present Employer: _____

Profession: _____ Supervisor: _____

Phone: _____ Years: _____

Address: _____

City, State, Zip: _____

Personal References (Name and Address)

Phone Number

1) _____

2) _____

3) _____



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Applicant:

Driver's License # _____ State: _____

Social Security # _____ DOB: _____

Home Phone # _____ Mobile Phone # _____

Employment History

Present Employer: _____

Profession: _____ Supervisor: _____

Phone: _____ Years: _____

Address: _____

City, State, Zip: _____

Previous Employment (Immediately Prior)

Present Employer: _____

Profession: _____ Supervisor: _____

Phone: _____ Years: _____

Address: _____

City, State, Zip: _____

Personal References (Name and Address)

Phone Number

1) _____

2) _____

3) _____



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Occupants

Please list all persons who will be occupying the premises, including children, relatives, and other occupants.

1) Name _____ Age _____ Relationship _____

2) Name _____ Age _____ Relationship _____

3) Name _____ Age _____ Relationship _____

4) Name _____ Age _____ Relationship _____

Pets

If you intend to have a pet, please read the policy and rules thoroughly and provide the following information:

Will you or other occupants have a pet? _____ Yes _____ No Type(s) _____

Breed(s) _____ Weight(s) _____

Color(s) _____ Age(s) _____

***A picture of your pet(s) must be included with this application for identification purposes and an up to date rabies and the expected mature weight certificate(s) must be submitted from a veterinarian.**

Vehicles

Please thoroughly read the policy and rules pertaining to parking and the parking garage, which includes information concerning type of vehicle restrictions.

Make of vehicle/model _____ Year _____ License # _____ State _____

Make of vehicle/model _____ Year _____ License # _____ State _____



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Other

Please answer “Yes” or “No”

| | Applicant | | Co-Applicant | |
|--|------------------|----|---------------------|----|
| 1) Have you ever been evicted? | Yes | No | Yes | No |
| 2) Have you ever been sued for non-payment of rent or damages? | Yes | No | Yes | No |
| 3) Have you ever been convicted of a felony? | Yes | No | Yes | No |
| 4) Do you have any outstanding judgements against you? | Yes | No | Yes | No |
| 5) In the last ten years, have you declared bankruptcy? | Yes | No | Yes | No |
| 6) Are you now a party in a lawsuit? | Yes | No | Yes | No |
| 7) Have you had property foreclosed upon? | Yes | No | Yes | No |
| 8) <u>If you answered “Yes” to any of the above, please explain in an attached letter.</u> | | | | |

Emergency Contact

In case of Emergency notify:

- 1) _____ Phone # _____
- 2) _____ Phone # _____



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Applicant Certification: [By my signature I hereby certify]

- 1) That I have received, read, understand and agree to abide by the Condominium Documents of the Endeavour Condominium including the Rules and Regulations as passed by its Board of Directors, and have returned a signed copy for the Unit file.
- 2) I understand that a credit check and law enforcement background check will be completed prior to approval of this application and that all the information contained in this application is true and complete.
- 3) That I understand and agree that false or misleading information given in this application constitutes grounds for rejection of this application and revocation of my right to reside on this property.
- 4) That no persons other than those show on this application will reside in the Unit and understand that any other unlisted vehicles will be towed from the Endeavour Condominiums at the owner’s expense.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Owner Certification: [By my signature below, I hereby certify]

- 1) That I have provided these potential residents a true and complete copy of the Rules & Regulations of the Endeavour Condominium and I understand that I am responsible for any Fines that may be imposed for violations of the Association’s Condominium Documents, including the Rules & Regulations and any damages done to the Common Elements by me, my tenant(s) and/or their guests.
- 2) That the information contained in this application is true and accurate to the best of my knowledge.
- 3) That a copy of the actual lease agreement or sale contract is attached, and that there are not other agreements concerning this lease, rental or potential purchase.
- 4) That the Unit Owner is responsible for all costs and fees paid the Associations attorney as may relate to the Owner’s guests and/or tenant or guests of such tenant from the enforcement of the Associations Condominium Documents, including Rules & Regulations.

I hereby authorize the Association to evict my tenant at my expense in any case where my tenant fails to abide by Condominium Documents.

The undersigned represent(s) that all of the above statements are true and correct and hereby authorize(s) the Association to verify such information and provide any such information to the seller or lessor.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

| |
|---|
| Office Use Only/Information verified by _____ Date _____ Expected closing date of applicant(s) _____ |
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