



## Unit Owner Application Form

*Please complete this form carefully and thoroughly. All individuals who intend to reside in the Marlowe must submit the requested information. If the Buyer/Lessee is a partnership, trust, corporation, or other business entity, then an application form(s) must also be completed by a partner(s), beneficiary(ies), shareholder(s), or other beneficial owner(s) of such entity who has at least 51% interest in the entity.*

**Application Fee:** \$500 for the 1<sup>st</sup> applicant; \$250 for each additional applicant 18 years or older\*

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### Applicant #1:

Name: \_\_\_\_\_ Sex: M F  
Present Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Alternate Phone Number (\_\_\_\_) \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_  
Years at this address: \_\_\_\_\_ Rent or Own (Circle one)  
Reason for Leaving: \_\_\_\_\_

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### Co-Applicant: (If more than two additional applicants 18 years or older, please fill an additional form)

Name: \_\_\_\_\_ Sex: M F  
Present Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Alternate Phone Number (\_\_\_\_) \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_  
Years at this address: \_\_\_\_\_ Rent or Own (Circle one)  
Reason for Leaving: \_\_\_\_\_

**OTHER:**

Please answer by checking yes or no

APPLICANTCO-APPLICANT

- A. Have you ever been convicted or placed on deferred adjudication for an offense that required you to register as a sex offender? ☐ YES ☐ NO ☐ YES ☐ NO
- B. Have you ever been convicted of a felony? ☐ YES ☐ NO ☐ YES ☐ NO
- C. Do you have a current restraining order for domestic violence issued against you? ☐ YES ☐ NO ☐ YES ☐ NO
- D. Are you currently under indictment for any offense at this time? ☐ YES ☐ NO ☐ YES ☐ NO
- E. Have you ever been evicted or a defendant in any eviction judgement? ☐ YES ☐ NO ☐ YES ☐ NO

**If you answered "YES" to any of the above, please explain in a confidential letter to the Management Office. Your application will be denied if it meets the criteria for denial of an application established in the Marlowe's Rental Policy, Rules & Regulations. Any false information will result in an automatic denial of any application. For more information, please contact the Management Office.**

**APPLICANT**

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

**PRESENT EMPLOYMENT:**

Employer: \_\_\_\_\_

Profession: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Phone: \_\_\_\_\_ Years: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_**CO-APPLICANT**

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

**PRESENT EMPLOYMENT:**

Employer: \_\_\_\_\_

Profession: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Phone: \_\_\_\_\_ Years: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_**ADDITIONAL OCCUPANT(S):**

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

A. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

B. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

C. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

D. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMERGENCY CONTACT:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**VEHICLES:**

**The number of vehicles permitted is approved in accordance to the original unit owner's purchase contract.**

Vehicle #1: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Vehicle #2: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

**PET(S):**

The Marlowe Pet Policy includes specific rules and restrictions that must be followed by all pet owners. Please read the policy thoroughly and provide the following information:

Will you or other occupants have a pet(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No Maximum two (2) pets per unit

Pet #1: Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

Pet #2: Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

**CORRECT INFORMATION:**

The undersigned represent(s) that all the above statements are true and complete and hereby authorize(s) verification of such information. Any false information given above shall be grounds for rejection of this application, non-return of deposits, and termination of rights of occupancy; and it may constitute a criminal offense under the laws of this State.

Applicant(s) further authorizes the Marlowe Condominium Owners Association to obtain verification of all information. The Marlowe engages the services of a professional firm specializing in thorough background history checks. All information may be released to the Marlowe Condominium Owner's Association.

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

Co-Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*Application Fees:** Non-refundable fees for processing the application and engaging the services of a professional, independent firm to conduct a thorough background check. By signing this application you understand that the application fee is non-refundable.

