



**PALM COURT CONDOMINIUM ASSOCIATION
C/O INTEGRITY PROPERTY MANAGEMENT
5665 CORAL RIDGE DRIVE
CORAL SPRINGS, FLORIDA 33076
(954) 346-0677**

APPLICATION FOR SALES

- 1. THIS APPLICATION FOR OCCUPANCY MUST BE COMPLETED IN DETAIL BY THE PROPOSED APPLICANT. IF ANY QUESTION IS NOT ANSWERED OR LEFT BLANK, THIS APPLICATION MAY BE RETURNED, NOT PROCESSED AND NOT APPROVED.**
- 2. A NON- REFUNDABLE APPLICATION FEE (MARRIED \$100.00) / (SINGLE \$100.00 PER ADULT) IS REQUIRED AT THE TIME OF APPLICATION SUBMISSION. THE FEE MUST BE IN THE FORM OF A MONEY ORDER OR CASHIERS CHECK MADE PAYABLE TO PALM COURT CONDOMINIUM ASSOCIATION. A \$25.00 PROCESSING FEE MADE PAYABLE TO INTEGRITY PROPERTY MANAGEMENT.**
- 3. COPY OF THE CONTRACT MUST BE INCLUDED.**
- 4. ANYONE OVER THE AGE OF 18 YEARS OF AGE AND LIVING IN THE HOME MUST FILL OUT A SEPARATE APPLICATION AND PAY THE SCREENING FEE (UNLESS MARRIED)**
- 5. ALL APPLICATIONS MUST BE ORIGINALS. FAXES AND COPIES ARE NOT PERMITTED.**
- 6. COPY OF SOCIAL SECURITY CARD REQUIRED.**
- 7. COPY OF DRIVERS LICENSE REQUIRED.**
- 8. COPY OF CAR REGISTRATION IS REQUIRED.**
- 9. NO COMMERCIAL VEHICLES, TRUCKS, BOATS, TRAILERS, MOTOR HOMES, CAMPERS, RECREATION VEHICLES, ETC. ARE PERMITTED TO PARK IN THE PREMISES.**
- 10. BOARD INTERVIEW IS REQUIRED.**

PALM COURT CONDOMINIUM ASSOCIATION, INC.

APPLICATION FOR RESIDENCY

BUILDING NO.: _____ UNIT NO.: _____ TELEPHONE NO. _____

APPLICANT NAME: _____ DOB: _____ SS#: _____

**SPOUSE/CO-AP: _____ DOB: _____ SS#: _____

IN CASE OF EMERGENCY, NOTIFY: _____

ADDRESS: _____ PHONE NO _____

****IF APPLICANT AND CO-APPLICANT ARE NOT MARRIED, COMPLETE ONE APPLICATION PER ADULT****

Number of people who will occupy: Adults (over age 18) _____ Children (over 13) _____ Children (under 13) _____

Names and ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.) _____

****MAXIMUM OCCUPANCY FOUR (4) PEOPLE PER UNIT INCLUDING CHILDREN****

RESIDENCY:

PRESENT ADDRESS: FROM _____ TO _____

Street: _____ Apt.#: _____ Phone#: _____ Email: _____

City: _____ State: _____ Zip: _____

Landlord/Mortgage Co: _____ Phone #: _____

City: _____ State: _____ Zip: _____

PREVIOUS ADDRESS: FROM _____ TO _____

Street: _____ Apt.#: _____

City: _____ State: _____ Zip: _____

Landlord/Mortgage Co: _____ Phone #: _____

City: _____ State: _____ Zip: _____

EMPLOYMENT:

PRESENT EMPLOYER: (APPLICANT) _____

Street: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Length of Employment _____ Position: _____ Salary: _____

PALM COURT CONDOMINIUM ASSOCIATION, INC.

PRESENT EMPLOYER (CO-APPLICANT): _____

Street: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Length of Employment _____ Position: _____ Salary: _____

PREVIOUS EMPLOYER (APPLICANT): _____

Street: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Length of Employment _____ Position: _____ Salary: _____

BANK INFORMATION:

Bank Name: _____ Contact: _____ Phone #: _____

Street: _____ City/State _____ Zip: _____

Checking #: _____ Opening Date: _____

Savings #: _____ Opening Date: _____

Additional Banking Information: _____

CHARACTER REFERENCES:

Name: _____ Home Phone #: _____ Work Phone #: _____

Street: _____ City/State: _____ Phone #: _____

Name: _____ Home Phone #: _____ Work Phone #: _____

Street: _____ City/State: _____ Phone#: _____

VEHICLE INFORMATION:

Primary (For reserved parking space)

Year: _____ Make: _____ Model: _____

Color: _____ Tag# _____ Vin# _____

Vehicle Registered to: _____

Address Registered to: _____

PALM COURT CONDOMINIUM ASSOCIATION, INC.

Secondary (For guest parking space)

Year: _____ Make: _____ Model: _____

Color: _____ Tag# _____ Vin# _____

Vehicle Registered to: _____

Address Registered to: _____

Note: Please attach a copy of your vehicle registration card for each vehicle that you are requesting a Parking Plaque for. The Association will be providing a maximum of (2) decals per unit, if necessary. The Association reserves the right to refuse the issuance of decal(s) to any unit owner's who attempt to mislead and/or give false information relating to the registered owner's information.

Attached is my non-refundable fee: \$ _____ (\$100.00 per adult) (married couple \$100.00) payable to Palm Court Condominium. Attached copy of Driver License(s) ___ Attached Copy of registration(s) ___

I/WE HEREBY AUTHORIZE THE LANDLORD OR ITS AGENT, PALM COURT CONDOMINIUM, TO OBTAIN AND VERIFY A CONSUMER CREDIT REPORT, ALONG WITH AN INVESTIGATION OF MY BACKGROUND WHICH MAY INCLUDE INFORMATION REGARDING TO MY CHARACTER, BANKING HISTORY, PRESENT AND PRIOR RESIDENTIAL HISTORY AND PAST AND PRESENT EMPLOYMENT HISTORY.

SIGNED: _____ DATE: _____
Applicant

SIGNED: _____ DATE: _____
Co-Applicant

VEHICLE DESCRIPTION:

MAKE YEAR MODEL COLOR WEIGHT LICENSE #

EMERGENCY CONTACT:

Name: _____

Address: _____

City: _____

Phone: (home) _____ **Phone (work)** _____

Signature: _____

(Owner or Lessee)

ADDITIONAL INFORMATION:

Please return this form to:

**Integrity Property Management
5665 Coral Ridge Drive
Coral Springs, FL 33076**

PET REGISTRATION FORM

Unit Owner/Tenant Name: _____ Unit # _____

Type of Pet: DOG CAT OTHER: _____
(please circle)

Pet(s) Name _____ Pet's Age: _____

Pet's Weight: _____ Pet's tag # _____
(currently)

BREED (Be specific – give complete description, color, etc)

INSERT PET
PICTURE HERE

**PLEASE RETURN FORM WITH PHOTO, REGISTRATION
AND SHOT RECORDS**