

**INSTRUCTIONS:**

- 1. Applicants not legally married require an application on each person.**
- 2. Print legibly or type all information. Account and telephone numbers and complete addresses are required.**
- 3. If any question is not answered or left blank, this application may be returned, not processed or not approved.**
- 4. Missing information will cause delays in processing your application.**
- 5. Any misrepresentation, falsification or omission of information may result in your disqualification.**
- 6. Only the applicants are authorized to sign all forms.**

# CASA DI AMICI APPLICATION FOR OCCUPANCY APPROVAL

PRINT OR TYPE:      Purchase \_\_\_\_\_ Lease \_\_\_\_\_ Length of Lease \_\_\_\_\_

Unit \_\_\_\_\_ Bldg. No. \_\_\_\_\_ Address of Unit \_\_\_\_\_

Date \_\_\_\_\_, 20\_\_\_\_\_ Occupancy date requested \_\_\_\_\_

Name (Mr. /Mrs. /Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Spouse (Mr. /Mrs. /Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

☐ Single ☐ Married ☐ Widow(er) ☐ Sep. ☐ Div. Maiden Name \_\_\_\_\_

Number of occupants over 18 years of age: \_\_\_\_\_ Children under 18 \_\_\_\_\_

Names and ages of dependents who will occupy: \_\_\_\_\_

Description of Pets: (*Breed, size, color, weight, etc., Limit two total.*) \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Name	Address	Telephone
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## RESIDENCE HISTORY

1. Present address: \_\_\_\_\_ House, Apt. /Unit No. \_\_\_\_\_  
*(Street Address, Apt. /Unit No., City, State & Zip)*

Name of Apt. /Condo \_\_\_\_\_ Telephone (    ) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

2. Previous address: \_\_\_\_\_ Apt. /Unit No. \_\_\_\_\_  
*(Street Address, City, State & Zip)*

Name of Apt. /Condo \_\_\_\_\_ Telephone (    ) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

3. Prior address: \_\_\_\_\_ Apt./Unit No. \_\_\_\_\_  
*(Street Address, City, State & Zip)*

Name of Apt./Condo \_\_\_\_\_ Telephone (    ) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

## **EMPLOYMENT AND CHARACTER REFERENCES**

PRINT OR TYPE

1. Employed By \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
(Business Name or retired from)  
Address \_\_\_\_\_  
How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \$ \_\_\_\_\_
2. Spouse's Employment \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
(Business Name or retired from)  
Address \_\_\_\_\_  
How Long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \$ \_\_\_\_\_

## **CHARACTER REFERENCES**

PRINT OR TYPE

Name \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_ Office Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_ Office Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_ Office Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

## **VEHICLE AND DRIVER INFORMATION**

Driver's Lic. No. 1 & State \_\_\_\_\_ Driver's Lic. No. 2 & State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate No. \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate No. \_\_\_\_\_ State \_\_\_\_\_

If this application is NOT legible or is not completely filled out, Casa Di Amici Condominium Association, Inc. (CDACA) and any of its authorized agents will not be liable or responsible for inaccurate information in the investigation and related report(s) to CDACA or aforementioned agents caused by such illegibility or omissions. Prior to signing this application, the applicant recognizes that CDACA or any of its agents, may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to CDACA or their agents. The investigation may be made of the applicant's character general reputation, personal characteristics, credit score, police arrest record and mode of living as applicable. I may request, in writing and within a reasonable amount of time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_, 20 \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_\_

<b>RELEASE AUTHORIZATION FORM</b>
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**AUTHORIZATION TO RELEASE EMPLOYMENT, BANKING, CREDIT,  
RESIDENCE AND POLICE RECORD INFORMATION**

I have named your organization as a reference on my application for residency within the Casa Di Amici Condominium Association located in Venice, Florida.

You are hereby authorized to release and give to the designated party(s) shown below or their Attorney or authorized agents, any and all information they request concerning my employment, banking, credit, residency, police report records and background information in reference to my/our application for residency within the above named community.

**DESIGNATED PARTY: CASA DI AMICI CONDOMINIUM ASSOCIATION, INC.**

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

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

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_, 20\_\_

Date: \_\_\_\_\_, 20\_\_