

# Condominium Association of Golf Villas II, Inc.

9801 Perfect Drive, Port St. Lucie, FL 34986

772-460-4304 / 772-460-6212 (fax)

golfvillas2@advpropmgt.com

## GUEST APPLICATION FORM

For approval, please submit:

1. This form, filled out completely
2. A copy of the reservation
3. Copy of guest's driver's license
4. A check for payable to Condominium Association of Golf Villas II
  - a. \$1.00 per day up to 28 days
  - b. \$50.00 each month from 1 month to 6 months
  - c. \$75 for stays over 6 month

Incomplete forms will not be processed or approved. Please note vehicle restrictions. Towing is enforced with 24 hour notice. No pets are allowed in rented units. For a complete list of rules please visit: [www.golfvillas2.com/forms.html](http://www.golfvillas2.com/forms.html)

Unit # \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Will you maintain this present address? Y / N

Co-Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Will you maintain this present address? Y / N

Other Occupants: (please list all other persons who will be occupying the apartment)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check in date: \_\_\_\_\_ Check out date: \_\_\_\_\_

Parking is limited and restricted

Please list all the vehicles to be parked on the premises. In accordance with the Association Rules, residents may not keep commercial vehicles onsite. Other vehicles not allowed on the premises include: motorcycles, campers, trailers, motorhomes, and unregistered, unsightly, or inoperable vehicles.

<u>Vehicle Type</u>	<u>Make</u>	<u>Year</u>	<u>License #</u>

Personal References (must have three)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other information/Special Needs: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME, PLEAD GUILTY OR NO CONTEST TO A CRIMINAL CHARGE OR ENTERED INTO AN AGREEMENT SETTING FORTH THE TERMS LEADING TO THE REDUCTION OR DISMISSAL OF THE CHARGES?

YES \_\_\_\_\_ OR NO \_\_\_\_\_

*NOTE: a "Yes" answer to this question will not automatically bar you from housing. The nature, relatedness, severity and date of the offense in relation to the housing for which you are applying are considered. Crime conviction check will be conducted. Failure to disclose requested information will result in withdrawal of offer of housing.*

If "YES" please describe:

\_\_\_\_\_

Where convicted? \_\_\_\_\_ Date convicted? \_\_\_\_\_

*I/We the undersigned applicant(s) do hereby certify that I/We have read, accept and unconditionally agree to abide by the Condominium Documents and Rules and Regulations of Condominium Association of Golf Villas II.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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Approved by the Board of Directors: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: Association of Golf Villas II  
9801 Perfect Drive  
Port St Lucie, FL 34986  
golfvillas2@advpropmgt.com