

Condominium Association of Golf Villas II, Inc.

9801 Perfect Drive, Port St. Lucie, FL 34986

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

golfvillas2@comcast.net

OWNER, RESIDENT AND GUEST CONTACT INFORMATION 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 made payable to Condominium Association of Golf Villas II
 - a. \$1.00 per day up to 7 days
 - b. \$1.00 per day between 8 days and 1 month (\$28 max)
 - c. \$50.00 for stays between 1 month and 6 months
 - d. \$75.00 for stays over 6 months

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

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? _____ When 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: _____

Approved by the Board of Directors: _____ Date: _____

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