

# Las Vistas in Inverrary Condominium Association, Inc.

## APPLICATION FOR ADDITIONAL RESIDENTS

Please Print all Information Legibly

TO BE COMPLETED BY EACH ADDITIONAL RESIDENT – Unit Bldg: \_\_\_\_\_ Unit #: \_\_\_\_\_

**Instructions:**

- This application must be completed by any person wishing to reside as an additional occupant in a unit and who fulfills all the conditions stated in Section II, 11.5 A of the By-Laws of the Association. For rental apartments – a new lease with the additional resident listed must accompany this application.
- The following documents must be attached to this Application:
  1. Proof of Age – e.g., birth certificate, driver's license, passport.
  2. Clear I.D. Photo
  3. For renters, the revised lease noted above
  4. Vehicle information with photocopy of your vehicle, including license plate
  5. Background Check
  6. Application fee \$150

**ADDITIONAL RESIDENT INFORMATION:**

Please check one:            Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ D.O.B. Month \_\_\_\_\_ Year \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ FAMILY NAME: \_\_\_\_\_

Current Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you resided at your current residence: Month(s) \_\_\_\_\_ Year(s) \_\_\_\_\_

Former Address: \_\_\_\_\_

If residence is less than 2 years: # of months: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address : \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

**AUTHORIZATION:**

To any party who may be contacted by the Las Vistas in Inverrary Condominium Association, Inc., its representative or attorneys, I hereby waive any privileges I may have with respect to the said information in reference to the aforesaid parties. I authorize you to release all information that the aforesaid parties may request concerning my references in banking, personal history, employment, residence, and others, in connection with this application. Furthermore, I certify that I have been made aware of, and understand, the governing documents and rules of the Association and affirm that I will abide by such as a resident.

AS WITNESS THEREOF, I have signed on this Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

\_\_\_\_\_  
Witness' Signature

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

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