

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. Background checks are required for all applicants. 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

ADDITIONAL RESIDENT INFORMATION:

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

FIRST NAME: _____ FAMILY NAME: _____

Current Address: _____

Zip Code: _____ Telephone #: _____ Cell # _____

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