## MIAMI LAKES WINDMILL GATE

## **INSTRUCTIONS:**

- If applicants are not legally married, an application on each person must be completed.
- 2-3-
- Print legibly or type all information. Account, telephone numbers and complete addresses are required. If any question is not answered or left blank, this application may be returned, not processed and not approved.
- Missing information will cause delays in processing your application.
  Only the applicants are authorized to sign all forms.
  Application fee is \$100.00 payable to Windmill Gate HOA.
  A copy of the sale or rental contract is required.
- 4-5-6-7-

- A certificate of Approval will not be issued to anyone owning or driving a commercial vehicle to be parked on premises.

	APPLICA	TION FOR C	CCUPANC	<u> </u>		
	Purchase	or Lease	e			
Property Address:						
Name	D		Date of Birth		Soc. Sec. #	
Phone	_ Email		Driver's Lic #_			
Marital Status [ ] Single [ ] Married	[ ] Widow (er) [	] Separated [ ]	Divorced			
Spouse Name		Da	te of Birth	Sc	oc. Sec. #	
Phone	_ Email		Driver's Lic #			
Number of people who will occupy: Adults (over 18)			Children (under 18)			
Names & Ages of children who will occupy	:					
Pets Yes[] No[] How many?	Type	Weight				
Cars/Trucks : Make	_ Model	Year	Plate No		State	
Make	_ Model	Year	Plate No		State	
PRESENT ADDRESS:  City State		– RESIDENCE	HISTORY	_ Apt #	Own [ ] Rent [ ]	
Only Glate		P	1 110110			
PREVIOUS ADDRESS:				Apt #	Own [ ] Rent [ ]	
City State _		•				
Name of Landlord (Mortgage Bank)			Phone			
PREVIOUS ADDRESS:				Apt #	Own [ ] Rent [ ]	
City State	z	<u>'</u> ip	Phone			

Name of Landlord (Mortgage Bank) \_\_\_\_\_\_Phone\_\_\_\_\_Phone\_\_\_\_\_

## PART II - EMPLOYMENT & BANK REFERENCES

ARE YOU	Self employe	d Yes [ ] No [ ] Retired	Yes[]No[]				
If yes, give	your Compar	y's name or your last employer as	s applicable				
Do you use	e a Commercia	al Vehicle in your employment or l	ousiness? Yes( ) No ( )				
Your Empl	loyer			Phor	ne	<del></del>	
From	To	Position or Job Title	Supervisor _		Monthly Income		
Address			Cit	ry §	State	Zip	
Previous E	Employer				Phone		
From	To	Position or Job Title	Supervisor _		Monthly Inc	ome	
Address			Ci	ty	State	Zip	
Spouse' E	mployer			F	Phone		
From	To	Position or Job Title	Supervisor _		Monthly Inc	come	
Address			Ci	ty	State	Zip	
Previous E	Employer				Phone		
From	To	Position or Job Title	Supervisor _		Monthly Inc	ome	
Address			Ci	ty	State	Zip	
Bank Refe	rence				Phone		
City		State	Zip	Acct #			
Name			ART III- CHARACTER RI		Alt Phone		
				-			
Address			C	Sity	State	Zip	
application, investigation hold the H Authorization Applicar Restriction Dated	, an outside on may includ IOA or its ag on is hereby g nt acknow ions.	at all information given is true a agency will make an investigative, but is not limited to, character ent liable for the discovery or notiven to release banking, credit residedges receipt of the Helmann	on from the information git general reputation, credit, on-discovery of information sident, employment and othe	ven and preser residence and o or any actions or information pe	nt their findings criminal search. A taken as a resu rtinent to this app	to us for review. This Applicants agree not to all of this investigation blication.	
Signature _		(Applicant)	Signature	(Applicant's S	Spouse)		

AFTER CLOSING, PLEASE CALL: 305-819-4133 - HOTLINE TO MAKE ARRANGEMENTS TO PICK UP WELCOME PACKAGE

## AND MAIL ROOM KEYS.