

Barrataria Island Homeowner's Association, Inc.

ASSOCIATION APPLICATION FOR OCCUPANCY

Please complete all questions and sign below: Lease must be attached

Address of Property: _____

Name of Property Owner: _____

Lease Dates: Start _____ End _____

Applicant Name: Last First MI Date of Birth

2nd Applicant Name: Last First MI Date of Birth

Current Address Apt# City State Zip

Drivers License # (provide copy) State Issued Expiration

2nd Drivers License # (provide copy) State Issued Expiration

Email Address Home Phone Cell Phone

Residential History

Previous Address: Address, Apt, City, State, Zip

Dates at Previous Address:

Reason for Moving

Landlords Name Landlords Phone#

Were you evicted? Why?

Employment Information

Present Employer

Phone

Job Title

Address

City

State

Zip

Occupant Information

(Please list all other people to live in the unit including children)

Name: Last First MI Date of Birth Relationship

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Pets: Yes ___ No ___ Description _____

(Please refer to documents for rules concerning pets)

Number of Vehicles: _____ (list below)

Make: _____ Model: _____ Year: _____ Tag Nbr: _____ ST _____

Make: _____ Model: _____ Year: _____ Tag Nbr: _____ ST _____

Make: _____ Model: _____ Year: _____ Tag Nbr: _____ ST _____

In case of an Emergency please notify:

Name: Phone Relationship

Address City State Zip

Leasing Agent: If Applicable

Name: Company

Email Address Mailing Address

Office Phone Cell Phone Fax#

Application Statement
(You MUST initial beside each statement)

I/We the undersigned agree that we have received, read and understand Association Declaration of Covenants/Restrictions and the Rules & Regulations of the Association(____/____).

We agree to abide by all covenants, restrictions, rules presently enacted and any new rules which may be promulgated from time to time by the Association(____/____). I warrant that I am at least 18 years of age and that all statements herein are true and correct(____/____).

Criminal History:

Has any occupant listed on this application ever been convicted of a felony? Yes____ No____
(____/____).

If yes please explain: _____

Occupant Signature:_____ Date: _____

Occupant Signature:_____ Date: _____

The unit Owner or Owners Agent is responsible for providing a copy of the Association Covenants/Restrictions and Rules & Regulations to the tenant. These documents may be requested for immediate download at www.avalonatlehighwoods.com

Return Application & Signed Lease Copy To:

Coast to Coast Association Management

160 Cypress Point Parkway, Suite C207

Palm Coast, FL 32164

Phone: (321)352-6278.

Email: team@flcoastmgt.com

BOARD NOTIFIED DATE: _____ / _____ / _____

BOARD APPROVAL SIGNATURE: _____

BOARD DENIAL SIGNATURE: _____

BOARD SIGNATURE DATE: _____ / _____ / _____

Reason for denial: _____
