Unit Owner Application Form

Please complete this form carefully and thoroughly. All individuals who intend to reside in the Marlowe must submit the requested information. If the Buyer/Lessee is a partnership, trust, corporation, or other business entity, then an application form(s) must also be completed by a partner(s), beneficiary(ies), shareholder(s), or other beneficial owner(s) of such entity who has at least 51% interest in the entity.

Application Fee: **$500 for the 1st applicant; $250 for each additional applicant 18 years or older***

Applicant #1:

Name: _____ Sex: M F

Present Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email Address: _____

Alternate Phone Number (____) _____ Home _____ Business _____

Years at this address: _____ Rent or Own (Circle one)

Reason for Leaving: _____

Co-Applicant: (If more than two additional applicants 18 years or older, please fill an additional form)

Name: _____ Sex: M F

Present Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email Address: _____

Alternate Phone Number (____) _____ Home _____ Business _____

Years at this address: _____ Rent or Own (Circle one)

Reason for Leaving: _____

OTHER:

Please answer by checking yes or no	APPLICANT	CO-APPLICANT
A. Have you ever been convicted or placed on deferred adjudication for an offense that required you to register as a sex offender?	❑YES ❑NO	❑YES ❑NO
B. Have you ever been convicted of a felony?	❑YES ❑NO	❑YES ❑NO
C. Do you have a current restraining order for domestic violence issued against you?	❑YES ❑NO	❑YES ❑NO
D. Are you currently under indictment for any offense at this time?	❑YES ❑NO	❑YES ❑NO
E. Have you ever been evicted or a defendant in any eviction judgement?	❑YES ❑NO	❑YES ❑NO

If you answered "YES" to any of the above, please explain in a confidential letter to the Management Office. Your application will be denied if it meets the criteria for denial of an application established in the Marlowe's Rental Policy, Rules & Regulations. Any false information will result in an automatic denial of any application. For more information, please contact the Management Office.

APPLICANT

Driver's License #: _____ State _____

Soc. Sec. No: _____-_____-_____

Date of Birth: _____-_____-_____

PRESENT EMPLOYMENT:

Employer: _____

Profession: _____

Annual Income: _____

Phone: _____ Years: _____

Address: _____

_____

CO-APPLICANT

Driver's License #: _____ State _____

Soc. Sec. No: _____-_____-_____

Date of Birth: _____-_____-_____

PRESENT EMPLOYMENT:

Employer: _____

Profession: _____

Annual Income: _____

Phone: _____ Years: _____

Address: _____

_____

ADDITIONAL OCCUPANT(S):

Please list all additional persons who will be occupying the premises, including children, relatives, and other occupants.

A. Name: _____ Age: _____ Relationship: _____

B. Name: _____ Age: _____ Relationship: _____

C. Name: _____ Age: _____ Relationship: _____

D. Name: _____ Age: _____ Relationship: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Phone Number: _____ Email Address: _____

VEHICLES:
The number of vehicles permitted is approved in accordance to the original unit owner's purchase contract.

Vehicle #1: Make _____ Model _____ Color _____ License # _____ State ____

Vehicle #2: Make _____ Model _____ Color _____ License # _____ State ____

PET(S):
The Marlowe Pet Policy includes specific rules and restrictions that must be followed by all pet owners. Please read the policy thoroughly and provide the following information:

Will you or other occupants have a pet(s)? _____Yes _____No Maximum two (2) pets per unit

Pet #1: Type _____ Breed _____ Weight _____ Color _____ Age _____

Pet #2: Type _____ Breed _____ Weight _____ Color _____ Age _____

CORRECT INFORMATION:
The undersigned represent(s) that all the above statements are true and complete and hereby authorize(s) verification of such information. Any false information given above shall be grounds for rejection of this application, non-return of deposits, and termination of rights of occupancy; and it may constitute a criminal offense under the laws of this State.

Applicant(s) further authorizes the Marlowe Condominium Owners Association to obtain verification of all information. The Marlowe engages the services of a professional firm specializing in thorough background history checks. All information may be released to the Marlowe Condominium Owner's Association.

Applicant Signature: _____ Date _____

Co-Applicant Signature: _____ Date _____

***Application Fees:** Non-refundable fees for processing the application and engaging the services of a professional, independent firm to conduct a thorough background check. By signing this application you understand that the application fee is non-refundable.