

LINKS EDGE CONDOMINIUM ASSOCIATION, INC.

% Star Hospitality Management, Inc.

26530 Mallard Way, Punta Gorda, FL 33950

941-575-6764

Email: j.kern@starhospitalitymanagement.com

- APPLICATION FOR OCCUPANCY - FOR BOARD APPROVAL -

- ALLOW 30 DAYS FOR PROCESSING -

PLEASE PRINT LEGIBLY IN BLACK INK

BUILDING# _____ UNIT# _____

*****\$100 Administrative Fee Due Upon Submission of Application. Per adult (separate form for each) unless a married couple. If for Rental: This \$100 Fee is good for 3 consecutive years of renting this same Condo Unit. *NO PETS for Renters and Guests. (Only Unit Owners are allowed 2 pet< 40 lbs. collectively)**

Purchase _____ Desired Date of Occupancy _____ Rental _____ Rental dates: _____

Name _____ Date of Birth _____ Soc.Sec. No. _____

Spouse _____ Date of Birth _____ Soc. Sec. No. _____

Maiden Name _____ Single _____ Married _____ Widow(er) _____ Sep. _____ Div. _____ Cohabiting _____

Names & Ages of Children who will Occupy Unit _____

***Description of Pet (Breed, Size, Color, Weight) _____**

In Case of Emergency Notify _____

INTENDED USE OF CONDO - please check one:

Full time owner occupied: _____ Owner Part time (snowbird): _____ Rental: _____

RESIDENCE HISTORY

Current Address _____

Phone(s) _____ Email address(s) _____

Name of Apt/Condo _____ Phone _____ Residency Dates _____

Name of Landlord or Mortgage Co. _____ Phone _____

Previous Address _____ Phone _____

Name of Apt/Condo _____ Phone _____ Residency Dates _____

Name of Landlord or Mortgage Co. _____ Phone _____

Employment References

A: Employed By/Retired From _____ Phone _____

Address _____ How long? _____ Mo. Income _____

B. Spouse's Emp. Or Ret. _____ Phone _____

Address _____ How long? _____ Mo. Income _____

CHARACTER REFERENCE

A. Name _____ Address _____ Phone _____

B. Name _____ Address _____ Phone _____

C. Name _____ Address _____ Phone _____

Driver's Licenses # & State _____

Make _____ Model _____ Year _____ Color _____ State _____ Plate# _____

Make _____ Model _____ Year _____ Color _____ State _____ Plate# _____

****If two unmarried adults will be occupying the unit, two applications are required with a \$200 administrative fee.**

If this application is NOT legible or is NOT completely and accurately filled out, the Association will not be liable or responsible for any inaccurate information in the investigation and related reports caused by such omissions or illegibility. By signing, the applicant recognizes that the Association, or their agent, may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable.

The Occupant(s) state(s) they have received and read thoroughly a complete set of Condominium Association Documents, Articles of Incorporation, By-Laws and Rules & Regulations for Links Edge Condominium Association, Inc. by way of signature.

X _____
Occupant's Signature Date

X _____
Spouse's Signature Date