

# Park Lake Towers Condominium Association, Inc.

400 EAST COLONIAL DRIVE, ORLANDO, FLORIDA 32803 (407) 425-4277 / FAX (407) 423-7880 PARKLAKETOWERS@GMAIL.COM WWW.PLTOWERS.COM

**APPLICATION FOR RESIDENCY      UNIT# \_\_\_\_\_      PROPOSED RENT: \_\_\_\_\_**

**Please submit copy of driver's license along with application. Fee: \$75 per applicant payable by check or money order.**

Name:		Phone:
Current Address:		
City:	State:	Zip Code
Date of birth:	SSN:	Email:
Own    Rent <i>(Please circle)</i>	Current monthly payment or rent:	
<b>EMPLOYMENT INFORMATION</b>		
Current employer:		How long?
Employer Address:		Phone:
City:	State:	ZIP Code:
Position:	Hourly    Salary <i>(Please circle)</i>	Gross Monthly Income:
<b>EMERGENCY CONTACT</b>		
Name of relative not residing with you:		Relationship:
Address:		Phone:
City:	State:	ZIP Code:
<b>SPOUSE INFORMATION IF JOINT MEMBERSHIP</b>		
Name:		Phone:
Date of birth:	SSN:	Email:
<b>SPOUSE EMPLOYMENT INFORMATION</b>		
Current employer:		How long?
Employer Address:		Phone:
City:	State:	ZIP Code:
Position:	Hourly    Salary <i>(Please circle)</i>	Gross Monthly income:
<b>REFERENCES</b>		
Name:	Location:	Phone:
Name:	Location:	Phone:
<b>CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED</b>		
Name		Name
Name		Name
<b>SIGNATURES</b>		
I understand my approval will be contingent upon review through First Advantage Solutions and will require a <b>minimum Vantage Modeling credit score of 625</b> . I authorize the verification of the information provided on this form as to my credit and employment. I have been offered or have received a copy of this application.		
Signature of applicant:		Date:
Signature of spouse <i>(only if for a joint residency)</i> :		Date: