

LAKES AT THE SAVANNAHS

APPLICATION

PLEASE PRINT - ALL information must be completed. All blanks must be filled in.

LEASE _____

SALE _____

Address _____

YOUR PERSONAL INFORMATION

Full Name _____ Phone _____ Alt Phone _____

Social Security Number ___ - - ___ -- _____ Birth Date _____

Current Driver's License # _____ Issuing State: _____

Present Address _____

City _____ State: _____ Zip: _____

(2nd buyer if applicable)

Full Name _____

Social Security Number ___ - ___ - ___ Current Driver's License # _____ State: _____

Birth Date _____

Present Address _____

City _____ State: _____ Zip: _____

Present Employer _____ Position: _____ How Long? _____

Address Phone: () _____

Have you ever been convicted of a crime, other than a traffic violation? YES _____: NO _____

If yes, explain: _____ -

EMERGENCY -In an emergency you may contact (List two, other than spouse/roommate, nearest relatives first)

Name _____ Relationship _____ Phone: () _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone: () _____

Address _____ City _____ State _____ Zip _____

OTHER INFORMATION

OTHER PERSONS (INCLUDING CHILDREN) WHO WILL LIVE IN THE DWELLING UNIT

Name _____ Name _____

Name _____ Name _____

* Pets: Name _____ Type _____ Weight _____ Ibs.

Name _____ Type _____ Weight _____ Ibs.

List all motor vehicles, including recreational vehicles, to be kept at the property:

MAKE MODEL COLOR YEAR LICENSE PLATE # STATE

A non-refundable application fee of **\$100.00** is required for processing this application.

******A PHOTO COPY OF DRIVER'S LICENSE OR PICTURE IDENTIFICATION CARD IS REQUIRED******

I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to The Lakes at the Savannahs or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize The Lakes at the Savannahs or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with The Lakes at the Savannahs. Any false information will constitute grounds for rejection of this application, or The Lakes at the Savannahs may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.

Signature _____

Signature _____

Return to: FirstService Residential
543 NW Lake Whitney Place Suite 101
Port St Lucie FL 34982