



## OCCUPANT INFORMATION FORM

STREET NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

Check One:

Tenant (lease)

Occupied by Friend or Family Member (no lease)

Owner Occupied / Second Home

\_\_\_\_\_  
Signature of Owner

If Owner Occupied or Second Home, skip the rest of the form.

The term "Occupant" is any individual (Tenant, Invitee, Guest, House Sitter) inhabiting a unit (with or without compensation to the Owner) with or without the Owner present.

From: \_\_\_\_\_ to \_\_\_\_\_  
*Owner / Agent*
*Occupant*

Period of Occupancy: From \_\_\_\_\_ to \_\_\_\_\_ or Closing Date \_\_\_\_\_

Occupant states that the following information is true and correct and consents to further inquiry and investigation concerning this information or any information which comes from that inquiry which is necessary for approval of this request.

- 1) If the unit is to be occupied by other than the Owner, the Owner agrees to supply the Board of Directors with Occupant Information Form and a **COPY OF LEASE** fifteen (15) days prior to occupancy:
- 2) The governing documents for the above-referenced Townhome Owners provide an obligation of unit owners that all units are for single family residence use only. Please state the name, relationship, age and occupation of all other persons who will be occupying the unit:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Occupation</u>

3) Occupant Phone: \_\_\_\_\_ Occupant Email: \_\_\_\_\_

4) Unit owner's alternate address: \_\_\_\_\_ Phone: \_\_\_\_\_

5) Automobile of persons who will occupy the unit:

Make: \_\_\_\_\_ Tag #: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Tag #: \_\_\_\_\_ State: \_\_\_\_\_

6) Number of pets (maximum of two (2)): Dog/Cat: \_\_\_\_\_ Dog/Cat: \_\_\_\_\_

**Occupant Information Form**

7) Real Estate or Rental Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Send completed application to:** Floridian Property Management  
414 Old Hard Road, Suite 502  
Fleming Island, FL 32003  
(904) 592-4090

Occupant states that he/she has received and reviewed a copy of all governing documents, including the Declaration and General Protective Covenants, Articles of Incorporation, By-Laws, and has read, understands and agrees to all conditions and terms therein and all reasonable rules and regulations hereafter officially enacted by the Association. \_\_\_\_\_ (initial)

This approval is subject to all financial obligations to the association including, but not limited to, maintenance fees, late charges, special assessments, legal fees and application fees having been paid in full or will be paid at the time of occupation of the unit. Should this application be approved, the undersigned hereby agree to abide by the DECLARATION AND GENERAL PROTECTIVE COVENANTS FOR AUTUMN GLEN and any amendments thereto. As an Occupant, I understand a violation can result in a revocation of approval and I will thereupon be required to vacate. \_\_\_\_\_ (initial)

\_\_\_\_\_  
Owner / Agent    Date    Occupant    Date

*DO NOT WRITE BELOW THIS LINE      OFFICIAL USE ONLY*

**Approval of Occupant:**  
Pursuant to Article XI, Section 19, of the Declaration and General Protective Covenants for Autumn Glen, the Board of Directors has:

Approved the Occupation (Lease) of Unit Number \_\_\_\_\_ Date: \_\_\_\_\_

Disapproved ➔ Reason: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\* \_\_\_\_\_ Copy of Lease Agreement is attached.

**Interview Date:** \_\_\_\_\_  
Conducted by: \_\_\_\_\_ Conducted by: \_\_\_\_\_