

TAVARES RIDGE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.
CO-OCCUPANT APPLICATION

I/We, hereby request approval from the Board of Directors of the Tavares Ridge Condominium Association for a co-occupant (or co-owner) to move into my unit at _____.
Unit # _____ Effective date of move in: _____.

Owner/Resident Full Name: _____

Resident E-Mail Address _____

Phone: _____

Co-Occupant Full Name: _____ DOB: _____ SSN: _____

Co-Occupant Email : _____ Phone # _____

Relationship of Owner & Occupant _____

Children: No _____ Yes _____ Boy(s) _____ Age(s) _____ Girl(s) _____ Age(s) _____

Animals: Yes _____ No _____ *Note: Limit of 2 dogs per unit allowed.*

Current Address: _____ Phone: _____

If Renting, Landlord name and phone: _____

If at current address less than 1 year, previous landlord name & phone: _____

Co-Occupant occupation: _____ How long? _____ Phone: _____

Employer name/address: _____

ALL APPLICANTS ARE REQUIRED TO PAY A \$25.00 (per Adult) NON-REFUNDABLE APPLICATION FEE FOR BACKGROUND CHECK

This application is subject to approval of the Association. I attest that the above statements are true and correct. I hereby agree to abide by all documents of the Association including but not limited to: The Declaration of Condominium, By-Laws, Rules and Regulations and/or any revisions thereof if this application is approved.

Signatures

Owner/Resident: _____ Co-Occupant: _____

Approved: ☐ Not Approved ☐

by the TRCHA Board of Directors _____ Date: _____