

Colonial Colony, Inc.

Application for Residency

Primary Resident (Home Owner) :

Last Name : _____ First Name : _____ MI : _____

Date of Birth: _____ Email Address: _____ Social Security Number: _____

Land line phone number: _____ Cell number: _____

Address of home to be purchased in Colonial Colony: _____

Additional Occupants :

Occupant #1 - Name : _____ Relationship : _____

Date of Birth: _____ Email Address: _____ Social Security Number: _____

Land line phone number: _____ Cell number: _____

Occupant #2 - Name : _____ Relationship: _____

Date of Birth: _____ Email Address: _____ Social Security Number: _____

Land line phone number: _____ Cell number: _____

Employment : *(Please provide current or previous employment information)*

Employment of Primary resident: _____ Phone: _____

Employment of Spouse: _____ Phone: _____

Employment of Additional Occupant: _____ Phone: _____

Agent Using for Purchase

Company: _____ Agent: _____ Phone: _____

Will this be your primary residence? ☐ Yes ☐ No

Other home address : _____ Home City and State : _____

City, State, Zip : _____

Do you plan to sub-lease your homesite? ☐ Yes ☐ No **All renters are required to be approved.**

Total number of vehicles you plan to bring: _____ **Will you have a Golf cart?** _____

Parking is limited to the available space on your driveway. Street parking is allowed for guests for a limited amount of time during the day. Street parking is never allowed overnight for any reason.

Have you or any other applicant ever been convicted of a felony? ☐ Yes ☐ No

Pets or Service Animals

Do you have pets? _____ How many? _____ Breed _____ Weight _____
 Breed _____ Weight _____

Do you have a service animal? _____ Type of Animal _____

Emergency contact information for your file.

Please provide the names, addresses, telephone numbers and relationships of any individuals that you would like emergency services or police to contact in the event of an emergency :

Name	:	_____	Name	:	_____
Address	:	_____	Address	:	_____
Address	:	_____	Address	:	_____
City, ST, Zip	:	_____	City, ST, Zip	:	_____
Telephone	:	_____	Telephone	:	_____
Relationship	:	_____	Relationship	:	_____

Please provide any other pertinent information that you would like management to have on file in the event of an emergency (neighbors who might have keys to your home, medical conditions of you or other occupants, special medical needs, personal doctor(s), additional emergency contacts, etc.) :

Other information for file: _____

**** Please read before signing ****

I verify that the information provided on this form is true and accurate to the best of my knowledge. I understand that age information requested on this form is required to be furnished to management in accordance with Equal Housing law and is monitored by the Department of Housing and Urban Development. I understand and agree that this information will otherwise be kept confidential and used only as appropriate by community management. I understand and agree that I may be asked to provide proof of certain information on this form and that it may be necessary to update part or all of the information from time to time as required by community management and in accordance with current state and federal laws.

Name (please print) :	Signed :	Date :
_____	_____	_____
_____	_____	_____

I understand that if Colonial Colony Inc. needs to rerun the background or FICO score for Reason (locked or frozen credit, etc.) there will be another application charge to the applicant.

Name:	Date:
_____	_____
_____	_____

**The minimum FICO score for Colonial Colony South is 675 for all applicants.
 The minimum FICO score for Colonial Colony North is 650 for all applicants.**

