OWNER/RENTAL APPLICATION SPRINGDALE HOMEOWNERS ASSOCIATION, INC.

590 Springdale Circle, Palm Springs, Florida 33461-6323 (561) 967-6442

1	The Owner(s)				
2	Name:				
3	Street:				
4	City/State/Zip:				
5	Home #:				
6	Cell #:				
7	Email:				
8	Springdale Property Information	_			
0	Springdale Circle, Palm Springs, Florida				
9 10	Applicant Information				
11	First Name:	Last Name:			
12	Date of birth:				
	Phone:	-			
	Email:				
	License:				
	Occupation:				
	Name of Employer:				
	Address:				
	Phone:				
20	Will any children under age 18 be living with you? yes or no (circle one)				
21	How many:	Ages:			
22	Will any pet(s) be living with you?	yes or no (circ	le one)		
23	Dog:	License Tag#::			
24	(how many?)	Rabies Innoc #:			
25	Cat:				
26	(how many?)	Rabies Innoc #:			
27	Name of Veterinarian:				
28	Address:				
29	Phone:				
30	Please note that you are permitted to keep <u>only one pet</u> . If you have no pets at this time, please write "None" in space provided. If you get or replace a pet in the future, you must complete a pet registration form at the SHOA Clubhouse office.				
31	Current address				
32	Address:		_		
33	City:	State:	_ ZIP Code:		

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34	Own or Rent (Please circle)			
35	Landlord:	Phone:		
36	Start date:	End Date:		
37	Reason for leaving:			
38	Automobile Information			
39	Make & Model:		Plate #:	
40	Make & Model:		Plate #:	
41	Additional Information			
42	Have you ever been convicted of a cri	ime?	yes or no	(circle one)
43	Describe and date each one:			
44				
45	Co-Applicant /Spouse Information	/ Renter (circle one)	
46	First Name:	Last Name:		
47	Relationship to applicant:		_	
48	Date of birth:	Social Security#:		
49	Phone:	Cell Phone:		
50	License:			
51	Current address			
52	Address:			
53	City:	State:	_ZIP Code:	
54	Own or Rent (Please circle)			
55	Landlord:	Phone:		
56	Start date:	End Date:		
57	Reason for leaving:			
58	Employment Information			
59	Current employer:			
60	Position:			
61	Supervisor:	Phone:		
62	Address:			
63	City:	State:	_ZIP Code:	
64	Start date:	End date:		
65	Automobile Information			
66	Make & Model:		Plate #:	

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OWNER/RENTAL APPLICATION SPRINGDALE HOMEOWNERS ASSOCIATION, INC.

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67	I agree to the following statement:					
	I represent that the information provided in this application is true, complete and accurat to the best of my knowledge. I understand that any misrepresentation or omission of					
68	information is grounds for eviction.					
69	I agree to the following statement:					
70	I understand that the information provided might be used by the Springdale Homeowners Association, Inc. or their assigns to determine whether to accept this application. I authorize the Springdale Homeowners association to verify all the information given in this application, including past rental information, personal					
70	references and employment information provided.					
71	I agree to the following statement:					
72	I understand that this application is not a rental agreement and that this application does not create any obligation on the Springdale Homeowners Association, Inc.					
73	I agree to the following statement:					
74	I have read and understand the Rules and Regulations of the Springdale Homeowners Association, Inc.					
75	The undersigned represent that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information is grounds for rejection of application.					
	••					
76	Applicant					
77	Print Name:					
78	Signature: Date:					
79	Co-Applicant/Spouse/Renter					
80	Print Name:					
81	Signature: Date:					

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