

**INSTRUCTIONS:**

- If applicants are not legally married, an application on each person must be completed.
- If any question is not answered or left blank, this application may be returned, not processed or not approved.
- Only the applicants are authorized to sign.
- Any misrepresentation or falsification of information may result in your disqualification.
- Submit completed form and \$100.00 application fee to:  
Mayan Towers Condominium II, Inc.  
145 S. Ocean Avenue,  
Palm Beach Shores, FL 33404  
or Fax: 561.848.2729.
- Make check payable to Mayan Towers Condominium II, Inc.

**MAYAN TOWERS CONDOMINIUM II, INC.  
PRINT OR TYPE APPLICATION FOR OCCUPANCY/APPROVAL**

Purchase \_\_\_\_\_ Lease \_\_\_\_\_ (Duration) \_\_\_\_\_

Apt. # \_\_\_\_\_ Address of Unit \_\_\_\_\_ 145 S Ocean Avenue, Palm Beach Shores, FL 33404 \_\_\_\_\_

Date \_\_\_\_\_ Desired date(s) of occupancy \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

[ ] Single [ ] Married [ ] Widow(er) [ ] Sep. \_\_\_\_\_ [ ] Divorced \_\_\_\_\_ Maiden Name \_\_\_\_\_  
(How Long) (How Long)

# of people who will occupy. Adults (over 18) \_\_\_\_\_ Children (over 18) \_\_\_\_\_ Children (under 18) \_\_\_\_\_

Name(s) & Age(s) of children who will occupy: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

**PRINT OR TYPE RESIDENCE HISTORY**

A. Present Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street Address, Apt. #, City, State, Zip)

Name of Apt./Condo \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Mortgage # \_\_\_\_\_

B. Present Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street Address, Apt. #, City, State, Zip)

Name of Apt./Condo \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Mortgage # \_\_\_\_\_

**PRINT OR TYPE EMPLOYMENT & BANK REFERENCES**

A. Employed By (Business Name) \_\_\_\_\_ Phone \_\_\_\_\_  
(or retired from)

Dates of Employment \_\_\_\_\_ Dept./Position \_\_\_\_\_ Mo Income \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address, Apt. #, City, State, Zip)

B. Employed By (Business Name) \_\_\_\_\_ Phone \_\_\_\_\_  
(or retired from)

Dates of Employment \_\_\_\_\_ Dept./Position \_\_\_\_\_ Mo Income \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address, Apt. #, City, State, Zip)

C. Employed By (Business Name) \_\_\_\_\_ Phone \_\_\_\_\_  
(or retired from)

Dates of Employment \_\_\_\_\_ Dept./Position \_\_\_\_\_ Mo Income \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address, Apt. #, City, State, Zip)

**PRINT OR TYPE CHARACTER REFERENCES**

1. \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address, Apt. #, City, State, Zip)

2. \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address, Apt. #, City, State, Zip)

3. \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address, Apt. #, City, State, Zip)

Driver's License #1 \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_ Color \_\_\_\_\_ ST \_\_\_\_\_

Driver's License #2 \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_ Color \_\_\_\_\_ ST \_\_\_\_\_

By signing, the applicant(s) recognizes that the Association or their agent may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

If this application is NOT legible or is not completely and accurately filled out, the Association will not be liable or responsible for any inaccurate information in the investigation and related report caused by such omissions or illegibility.

Signature \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Applicant