



Venetia Villas Condominium Association

RESIDENTIAL APPLICATION

FOR APARTMENT NO. _____

APPLICANT INFORMATION			
Name:	DOB:	SS: XXX-XX-	Phone:
Current Address:			
Monthly Rent:	How Long:	Owner's Phone:	
Previous Address:			
Monthly Rent:	How Long:	Owner's Phone:	
Current Employer:			Phone:
Employer Address:			
Position:	How Long:	Monthly Salary:	
Email:			
CO-APPLICANT INFORMATION			
Name:	DOB:	SS: XXX-XX-	Phone:
Current Address:			
Monthly Rent:	How Long:	Owner's Phone:	
Current Employer:			Phone:
Employer Address:			
Position:	How Long:	Monthly Salary:	
Email:			
<p>***IF MORE CO-APPLICANTS OVER 18 YEARS OF AGE WILL RESIDE ON THE PREMISES PLEASE ENTER NAMES, DOB AND LAST FOUR #'S OF THE SS # ON THE REVERSE OF THIS PAGE.</p> <p>***PLEASE PROVIDE A POLICE REPORT FOR ALL ADULTS RESIDING ON THE PREMISES A COPY OF A PICTURE ID FOR EVERY RESIDENT.</p>			
EMERGENCY CONTACT			
Name:			Phone:
Address:			
Relationship to Applicant:			
THREE REFERENCES			
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
AUTHORIZATION TO VERIFY INFORMATION SUPPLIED			
Signature of Applicant:			Date:
Signature of Co-Applicant:			Date:

17350 NW 67th Ave. Miami, FL 33015

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