



Homeowners' Association

APPLICATION FOR OCCUPANCY

Coral Trace requires a NON-REFUNDABLE, \$60 Processing Fee and must be submitted at the time of application.

DATE: _____ LOT #/GATE CODE _____

ADDRESS OF PROPERTY: _____

PURCHASE: _____ OR LEASE: _____ OCCUPANCY DATE: _____

OWNER/SELLER'S NAME: _____

ADDRESS OF OWNER: _____

OWNER'S PHONE #: HOME: _____ CELL: _____

OWNERS E-MAIL: _____

PURCHASER'S/LESSEE'S NAME: _____

HOME NUMBER: _____ WORK: _____ CELL: _____

E-MAIL ADDRESS: _____

NUMBER OF ADULTS (OVER 18) OCCUPYING _____

CHILDREN (THRU 18) NAMES: _____

WILL YOU HAVE A ROOMMATE? _____ HOW MANY? _____

ROOMMATE NAME: _____ PHONE # _____

E-MAIL ADDRESS: _____

ROOMMATE NAME: _____ PHONE # _____

E-MAIL ADDRESS: _____

DO YOU OWN A PET? YES _____ NO _____ NUMBER? _____

TYPE AND WEIGHT OF PET (S) (1) _____ (2) _____

****TWO (2) PETS MAX—PETS' COMBINED WEIGHT CANNOT EXCEED 60 LBS.****

CITY OF DELRAY BEACH RENTAL PERMIT # (REQUIRED): _____

PURCHASER'S PERMANENT ADDRESS IF NOT ADDRESS LISTED ABOVE:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME NUMBER: _____ WORK: _____ CELL: _____

ALTERNATE CONTACT INFORMATION (EMERGENCY USE)

NAME: _____ RELATIONSHIP: _____

HOME TEL #: _____ OFFICE TEL #: _____ OTHER #: _____

ADDRESS: _____ EMAIL: _____