



Community Association Management
On behalf of: **Summit Lake Homeowners Association**



<https://summitlakewpb.com/>

TEMPORARY OCCUPANT REGISTRATION FORM

This form must be completed for any new long-term occupant who is not listed as the unit owner or primary leaseholder.

I. PROPERTY INFORMATION

Property Address (Unit #): _____

Owner or Primary Tenant Name: _____

Phone Number: _____

Email Address: _____

II. NEW OCCUPANT INFORMATION

Full Name of New Occupant: _____

Date of Birth: ____ / ____ / ____

Driver's License or Government ID #: _____

Phone Number: _____

Email (if applicable): _____

Relationship to Owner or Primary Tenant: _____

III. OCCUPANCY DETAILS

Estimated Move-In Date: ____ / ____ / ____

Estimated Move-Out Date (if known): ____ / ____ / ____

Will the occupant reside for more than 30 days? Yes No

Will the occupant use community amenities? Yes No

Will the occupant require parking? Yes No



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IMPORTANT: Each unit is allowed a maximum of two (2) permanently registered vehicles. If your unit already has two vehicles registered, the new occupant's vehicle must be parked outside the community, in accordance with HOA rules.

IV. VEHICLE INFORMATION (If Applicable)

Make & Model: _____

Color: _____

License Plate Number: _____

State of Registration: _____

Driver's Name: _____

V. REQUIRED DOCUMENTS & FEES

Please submit the following items with this form:

- Copy of Driver's License or Government-Issued ID of New Occupant
- Copy of Vehicle Registration (if applicable)
- Copy of Vehicle Insurance (if applicable)
- \$100.00 Application Fee (Non-Refundable) per adult occupant (18+)
- Payable by check or money order to Summit Lake HOA (no cash or credit cards)
- \$100.00 Processing Fee (Non-Refundable)
- Payable by check or money order to Prajna LLC



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VI. DECLARATION

I affirm that the information provided above is accurate. I understand that this application does not grant ownership or tenant rights and that the new occupant is subject to all HOA rules and regulations. Violation of any rules may result in removal of the occupant and/or penalties to the unit.

Signature of Owner or Primary Tenant: _____

Date: ____ / ____ / ____

Signature of New Occupant: _____

Date: ____ / ____ / ____

FOR OFFICE USE ONLY

Application Received By: _____

All Documents Submitted

Fees Received

Vehicle Count Verified

Occupant Approved Denied

Notes: _____



WTC Backgrounds & Drug Testing, Inc.

"We're The Choice!"

ACTION REQUEST

<input type="checkbox"/> Rental Package [Credit, Criminal & Eviction]	<input type="checkbox"/> Employment Verification
<input type="checkbox"/> Criminal History <input type="checkbox"/> FL <input type="checkbox"/> Out of State [Include state address] OR <input type="checkbox"/> Nationwide	<input type="checkbox"/> SSN Verification
<input type="checkbox"/> F.D.L.E. [Florida Department of Law Enforcement]	<input type="checkbox"/> Sexual Offender Search <input type="checkbox"/> FL <input type="checkbox"/> Nationwide
<input type="checkbox"/> DL Records/History Include DL #: <input type="checkbox"/> 3 Year <input type="checkbox"/> 7 Year	<input type="checkbox"/> Credit Report ONLY
<input type="checkbox"/> FACIS	<input type="checkbox"/> Education Verification

Last Name, First Name, MI./Apellido, Nombre, MI.

Address/DIRECCIÓN

City, State & Zip Code/ Código postal

DOB/ fecha de nacimiento

SSN/ Número de seguro social

Sex M/F

Driver's License Number & State Issued/ Número de licencia de conducir y estado emitido

Company

Company Fax.

Applicant Release

For employment and/or residency, I understand that investigative background inquiries are to be made on me including consumer credit, criminal conviction, motor vehicles, and other reports. I further understand that WTC Backgrounds & Drug Testing, Inc. will be requesting information from various states and other agencies which maintain records about my history. These records include, but are not limited to, driving, credit, criminal, and civil history.

I authorize any party or agency contacted by WTC Backgrounds & Drug Testing, Inc. to furnish the above-mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

Para empleo y/o residencia, entiendo que se me deben realizar investigaciones de antecedentes, incluidos crédito al consumo, condena penal, vehículos motorizados y otros informes. Además, entiendo que WTC Backgrounds & Drug Testing, Inc. solicitará información de varias agencias estatales y de otro tipo que mantienen registros sobre mi historial. Estos registros incluyen, entre otros, antecedentes de conducción, crediticios, penales y civiles.

Autorizo a cualquier parte o agencia contactada por WTC Backgrounds & Drug Testing, Inc. a proporcionar la información mencionada anteriormente y libero a todas las partes involucradas de responsabilidad por hacerlo. Esta autorización y consentimiento serán válidos en original, fax o copia.

APPLICANT SIGNATURE/ FIRMA DEL SOLICITANTE

DATE/FECHA