



Seychelles II Condominium Association, Inc. ("Association")

AUTHORIZATION TO RELEASE INFORMATION

This Release is executed this ____ day of _____, 20____ by the undersigned Applicant for a home located at _____ in the community known as Seychelles II Condominium (the "Home").

In consideration of the undersigned's application for purchase of the Home and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned specifically acknowledges and agrees to the following:

1. The undersigned hereby authorizes the Association and/or its officers, directors, representatives to conduct a comprehensive review of his/her background through a criminal search(es) and/or report to be generated for occupancy.
2. The undersigned authorizes the Association to contact others who may be able to provide information about his/her background, character, and general reputation and authorizes without reservation any party or agency contacted by the Association, specifically backgroundchecks.com, to furnish the above-mentioned information.
3. The undersigned hereby releases, indemnifies, and holds harmless the Association, its directors, officers, members, agents, and employees (the "Indemnified Parties") from and against all claims, damages, losses, and expenses, including attorney's fees, at both the trial and appellate level, arising out of or resulting from requesting or procuring the above-mentioned information. This Release shall extend even to those situations where any claims for damages may be caused in whole or in part by any negligent act or omission of the Indemnified Parties.
4. The partial or complete invalidity of any one or more of the provisions of this Release shall not affect the validity or continuing force and effect of any other provision.
5. The undersigned acknowledges and agrees that all provisions of this Release shall be binding on the undersigned and the undersigned's heirs, legal representatives, and assigns.
6. The undersigned has read this Release and understands all of its terms and executes it voluntarily and with full knowledge of its intended use and significance.

IN WITNESS WHEREOF, the undersigned has executed this Release the day and year set forth above.

Witnesses

Applicant's Signature

Witnesses

Applicant's Printed Name

Applicant Information Please Print Clearly

Street Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____ Gender: _____ Date of Birth: ____/____/____

Driver's License Number: _____ State: _____

***Important:** This information will be used for identification purposes only to perform a background check. This information will NOT be used as part of the decision process of the Association.

SALE APPLICATION FOR SEYCELLES II CONDOMINIUM ASSOCIATION, INC.

IMPORTANT: Each co-resident/co-applicant must submit a separate application.

1. OWNER INFORMATION: [Owner(s) must complete this section of the Application]

Last Name	First Name	Property Address in Seycelles II Condo	
Home Address	City, State, Zip	Mailing Address (if different)	City, State, Zip
Email Address		Home or Cell #	

Representative/Property Manager [complete this section ONLY if a third-party is managing property]

Property Mgr. Name	Company Name		
Company Address	City, State, Zip		
Email Address	Phone # ____ - ____ - ____	Property Management Contract Provided Yes ____ No ____	

2. GENERAL INFORMATION: [Applicant Information]

Last Name		First Name, Middle Name		Are you a US citizen? Yes ____ No ____ If no, please provide proof that you are lawfully residing in the USA.		
Social Security # ____ - ____ - ____		Date of Birth ____ / ____ / ____		Driver's License No. ____ - ____ - ____		State
Email Address		Home # ____ - ____ - ____		Cell # ____ - ____ - ____		Work # ____ - ____ - ____
Current Address				City, State, Zip		
Move in Date	Move Out Date	Owner/Mgr. or Landlord's Name				Owner/Mgr. or Landlord's Phone # ____ - ____ - ____
Reason for Moving						
Previous Address				City, State, Zip		
Move In Date	Move Out Date	Owner/Mgr. or Landlord's Name				Owner/Mgr. or Landlord's Phone # ____ - ____ - ____
Reason for Moving						

Applicant's Initials (____)

Seychelles II Condominium Association, Inc.

Occupant(s) Information (Persons to Occupy Dwelling)

Name	Age/Gender/Ethnicity	Relationship

Employment:

Name of Company/Employer Address	Name of Supervisor

Vehicle Information: (List all vehicles to be parked at the property)

Plate #: _____ State: _____ Make: _____ Model: _____ Year: _____

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Plate #: _____ State: _____ Make: _____ Model: _____ Year: _____

Pet Information: (List all pets to be kept on the property)

Breed	Color	Weight	Age/Gender	Rabies Shots Current? YES / NO	Aggressive? YES / NO	Neutered YES / NO

Additional Applicant Information:

If you are in the military, are you serving under orders limiting your stay to one year or less? Yes ____ No ____

Have you ever been arrested for or convicted of a felony? Yes ____ No ____

If yes, please specify: _____

Are there any criminal matters pending against any occupants? Yes ____ No ____

If yes, please specify: _____

Is any occupant a registered sex offender? Yes ____ No ____

If yes, please specify: _____

Applicant's Initials (____)