

APPLICATION FOR PURCHASE/LEASE/OCCUPANCY

Date: _____

I, _____ hereby apply for approval to

Purchase a lease at Unit Number _____

For Permanent _____ or Part time _____ residency.

Release of information and authorization for verification of application:

Applicant #1: _____ Phone _____
Last First M.

SS# _____ DOB _____

Applicant #2: _____ Phone _____
Last First M.

SS# _____ DOB _____

Present Address: _____

Street apt# city state zip code

Please provide a complete previous address if you have lived at your current address less than 24 months

Previous Address: _____

Email Address _____

1st applicants

2nd applicants

A \$50.00 (non-refundable) PER PERSON FEE FOR THE RESIDENTIAL SCREENING AND A COPY OF APPLICANT'S DRIVER LICENSE(S) IS DUE AT THE TIME THIS APPLICATION IS SUBMITTED.

Prior to Board approval of this transaction ALL Seller/Owner arrears due to the Co-Op must be paid in full.

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1. Have you ever had an eviction notice filed against you?
Applicant: Yes _____ No _____ Spouse: Yes _____ No _____
2. Have you ever left residence owing money to any owner or landlord?
Applicant: Yes _____ No _____ Spouse: Yes _____ No _____
3. Have you applied for residency anywhere in the past two (2) years and been declined?
Applicant: Yes _____ No _____ Spouse: Yes _____ No _____
4. Have you ever been **charged with OR convicted** of a felony?
Applicant: Yes _____ No _____ Spouse: Yes _____ No _____

If you answered YES to any question, please explain in detail on a separate paper and submit with application.

#####PETS: Cats:

Yes _____ NO _____ Number: _____ Other: _____

Dogs: Yes _____ NO _____ Number: _____ Breed: _____ Weight: _____

Dog Photo is Required. Photo submitted: Yes _____ No _____

RESIDENTIAL SCREENING AUTHORIZATION FORM

orders@Accudatainc.net

(PLEASE PRINT)

Applicant #1 _____ Sex _____

Address _____

City, State, Zip _____

Social Security Number _____ Date of Birth _____

I give my authorization to this landlord, Molokai Co-op, Inc., and AccuData Inc., or any party or agency contacted by this landlord or agent to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant #1 Signature _____ Date _____

Applicant #2 _____ Sex _____

Address _____

City, State, Zip _____

Social Security Number _____ Date of Birth _____

I give my authorization to this landlord, Molokai Co-op, Inc., AccuData Inc., or any party or agency contacted by this landlord or agent to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant #2 Signature _____ Date _____

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Company Name: Molokai Co-Op Inc.

Contact Name: Karen Wilson or Karen Curtis

Phone 352-343-5300 Email results to: office@molokai-co-op.com

Type of Screening Requested: Package 2