

Century Park Villas, Inc.
RENTAL/CREDIT APPLICATION

Complete Name: _____
Last First Middle Initial Suffix

Phone Number: () - _____ Alternate: () - _____

Email Address: _____ Birth Date: _____

SSN: - - _____ License: _____

Present Address: _____ State: _____ Zip: _____

Landlord's Name: _____ Phone Number: () - _____

Months at this address: _____

Prior Address: _____ State: _____ Zip: _____

Landlord's Name: _____ Phone Number: () - _____

Months at this address: _____

Unit Number: _____ Anticipated Move-in Date: _____

Have you been provided a copy of the Century Park Villas Rules and Regulations, and briefed by a Board of Directors designee as to its contents?

Yes No

I certify the above information is true and accurate. I further agree to comply fully with the Century Park Villas Rules and Regulations, and that I will assume responsibility to ensure my authorized guests comply fully with the Century Park Villas Rules and Regulations.

Owner/Tenant Signature

Date

Owner/Tenant Signature

Date

Board of Directors Designed Briefer

Date

Please return this form to:

**Century Park Villas
3857 Indian Trail
Destin FL**