## Hampton Lakes Lot Owners Association, Inc. c/o Premier CAM Services, LLC

## APPLICATION FOR OCCUPANCY PLEASE PRINT

Before submitting your Lease/Sales Application for processing we require the following:

- 1) Completed Application (One application per unmarried adult) All fields completed
- 2) Non-refundable Application Fee \$100.00 per application, checks made payable to: Premier CAM Services, LLC
- 3) Signed Copy of Sales or Lease Contract (Sales contracts please include HOA rider)

Please Note: Applications are not processed until all above documentation is received

All documentation MUST be submitted 14 days prior to Lease Occupancy or Sales Closing. Any application(s) submitted less than 14 days prior to the lease start date or closing are at risk of having their start date/closing delayed.

Please mail Completed Application(s), Application Fee(s), and Signed Contract to:

Premier CAM Services PO Box 152047 Cape Coral, FL 33915

If you have any questions, please call our office: 239-217-6599 or email: <a href="mailto:admin@premiercams.net">admin@premiercams.net</a>
You may drop off your application or express mail to Premier CAM Services office located at: 3436 Marinatown Lane, Suite 3, North Fort Myers, FL33903
We are open Monday through Friday 9:00am to 4:00pm.
You may use our night drop box for after hours.

Today's Date	Address
Date of closing/occupancy	
Purchaser / Lease Information	Number of people to occupy home
Name	Date of birth
Contact Phone #	E-mail
Spouse	Date of birth
Spouse Phone #	E-mail
Check box if you authorize you	ur email(s) to be included in a Homeowner Directory  I Authorize
Initials	1 of 4

Name         Relationship         Age           Name         Relationship         Age           Name         Relationship         Age           If Lease: Dates From         To	Other Occupant (s)		
Name Relationship Age  If Lease: Dates From To  If Purchase: Indicate use: Permanent Residence Rental  Seasonal Residence Other (Specify)  Name of Current Owner  Name of Realtor (If Any)  Name of Closing/Leasing Agent  Agent Contact Info  In Case of Emergency Notify:  1. Name Address Phone  2. Name Address Phone  Your Address After Closing: (Purchase Only) IMPORTANT FOR MAILINGS-PLEASE COMPLETE  Residence History (At Least 5 Years)  Present Street Address Phone  City, State, Zip Phone  Address Phone  Current Landlords Name	Name	Relationship	Age
If Purchase: Indicate use: Permanent Residence	Name	Relationship	Age
If Purchase: Indicate use: Permanent Residence Rental	Name	Relationship	Age
Name of Current Owner  Name of Realtor (If Any)  Name of Closing/Leasing Agent  Agent Contact Info  In Case of Emergency Notify:  1. Name Address Phone  2. Name Address Phone  Your Address After Closing: (Purchase Only) IMPORTANT FOR MAILINGS-PLEASE COMPLETE  Residence History (At Least 5 Years)  Present Street Address  City, State, Zip Phone  Current Landlords Name  Address	If Lease: Dates From	To	
Name of Current Owner  Name of Realtor (If Any)  Name of Closing/Leasing Agent  Agent Contact Info  In Case of Emergency Notify:  1. Name Address Phone  2. Name Address Phone  Your Address After Closing: (Purchase Only) IMPORTANT FOR MAILINGS-PLEASE COMPLETE  Residence History (At Least 5 Years)  Present Street Address Phone  City, State, Zip Phone  Current Landlords Name  Address	If Purchase: Indicate use: Perm	anent Residence	_ Rental
Name of Realtor (If Any)  Name of Closing/Leasing Agent  Agent Contact Info  In Case of Emergency Notify:  1. Name Address Phone  2. Name Address Phone  Your Address After Closing: (Purchase Only) IMPORTANT FOR MAILINGS-PLEASE COMPLETE  Residence History (At Least 5 Years)  Present Street Address Phone  City, State, Zip Phone  Current Landlords Name Address Phone	Seasonal Residence	Other (Specify)	
Name of Closing/Leasing Agent	Name of Current Owner		
Agent Contact Info	Name of Realtor (If Any)		
In Case of Emergency Notify:  1. Name Address Phone  2. Name Address Phone  Your Address After Closing: (Purchase Only) IMPORTANT FOR MAILINGS-PLEASE COMPLETE  Residence History (At Least 5 Years)  Present Street Address Phone  City, State, Zip Phone  Current Landlords Name	Name of Closing/Leasing Agent		
1. Name Address Phone  2. Name Address Phone  Your Address After Closing: (Purchase Only) IMPORTANT FOR MAILINGS-PLEASE COMPLETE  Residence History (At Least 5 Years)  Present Street Address Phone  City, State, Zip Phone  Current Landlords Name	Agent Contact Info		
2. Name Address Phone  Your Address After Closing: (Purchase Only) IMPORTANT FOR MAILINGS-PLEASE COMPLETE  Residence History (At Least 5 Years)  Present Street Address Phone  City, State, Zip Phone  Current Landlords Name	In Case of Emergency Notify:		
Your Address After Closing: (Purchase Only) IMPORTANT FOR MAILINGS-PLEASE COMPLETE  Residence History (At Least 5 Years)  Present Street Address  City, State, Zip Phone  Current Landlords Name  Address	1. Name	Address	Phone
Residence History (At Least 5 Years)  Present Street Address  City, State, Zip Phone  Current Landlords Name  Address	2. Name	Address	Phone
Present Street Address Phone Phone Address	Your Address After Closing: (Pur	rchase Only) IMPORTANT FOR MAILIN	NGS-PLEASE COMPLETE
City, State, Zip Phone  Current Landlords Name  Address	R	esidence History (At Least 5 Years)	
City, State, Zip Phone  Current Landlords Name  Address	Present Street Address		
Address			
	Current Landlords Name		
	Address		

\_\_\_\_\_ Initials

Prior Residency Address	
City, State, Zip	
Prior Landlords Name / Address	
Landlords Phone Dates of Residency: From to	
Have you previously lived in a Condominium/HOA Association? YES NO _	
Have you served on a Condominium/HOA Association Board of Directors? YES NO _	
Employment & Bank References	
Currently Employed? Yes No Retired? Yes No	
Employed By / Retired From	
Address & Phone	
Length of Employment Monthly Salary \$	
Spouse Employed By / Retired From	
Address & Phone	
Length of Employment Monthly Salary \$	
(If Less Than 5 Years At Present Employment)	
Prior Employer Dates	
Address & Phone	
Spouse's Prior Employer	
Address & Phone	
Bank Reference (Name) Phone	
Address How Long	
Personal Information	
Do you have a pet? Yes No	
Type of Pet (s)	
Weight of Pet (s)	
Initials 3 of 4	

Vehicle #1 Make/Model		Color		
Vehicle #2 Make/Model		Color	Color	
License Plate Number(s) #1	State	#2	State	
Please list three (3) references who	can be contacted:			
1. Name				
Address			e	
2. Nome				
2. NameAddress			e	
3. Name				
Address			e	
I/We have received, read and unders Hampton Lakes Lot Owners Associa of other recorded documents as well By signing, the applicant recognizes Premier CAM Services LLC, may obtate of my background which may include prior residential history and past and harmless the above Association and affiliates, sub-contractors and agents indirectly from information or reports. I/We certify that all of the above furnic discrepancies and/or false information. As required by law, this information is I HEREBY AUTHORIZE THE PROPIMY BACKGROUND.	tion, Inc. I/We agree as all of the rules and that Hampton Lakes Lain and verify a consurption information regarding present employment I Premier CAM Services from any loss, expension furnished by Premier can be provided, I understant skept strictly confident	to abide by all of regulations manned to the control of the contro	of the provisions and those de pursuant thereto.  ociation, Inc., or its agent, along with an investigation anking history, present and gree to indemnify and hold yees, Officers and Directors which may result directly or LC.  , should there be any lication is null and void.	
Applicant Signature:				
Applicant Signature:				
Initials	4 of 4	4		