

**FAIRVIEW VISTA CONDOMINIUM**  
**C/O Vista Community Association Management**  
**P.O. Box 162147**  
**Altamonte Springs, FL 32716-2147**  
**(407) 682-3443**  
**FAX (407) 682-0181**  
**E-mail [sthornton@vista-cam.com](mailto:sthornton@vista-cam.com)**

FULL NAME OF  
LESSEE/OWNER\_\_\_\_\_

CURRENT ADDRESS\_\_\_\_\_  
\_\_\_\_\_

PHONE #\_\_\_\_\_

BIRTH DATE\_\_\_\_\_ SOCIAL SECURITY NUMBER\_\_\_\_\_

DRIVERS LIC & STATE ISSUED\_\_\_\_\_

EMPLOYER\_\_\_\_\_ PHONE#\_\_\_\_\_

OCCUPATION\_\_\_\_\_ LENGTH OF EMPLOYMENT\_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIMINAL  
OFFENSE? (FELONY, MISDEMEANOR, CIVIL OR TRAFFIC) YES\_\_\_\_NO\_\_\_\_

IF YES, PLEASE GIVE DETAILS\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UNITS ARE FOR SINGLE FAMILY USE ONLY. THE FOLLOWING PERSON(S),  
IN ADDITION TO THE PROSPECTIVE RESIDENT, WILL OCCUPY THE UNIT:

NAME\_\_\_\_\_ RELATIONSHIP\_\_\_\_\_

NAME\_\_\_\_\_ RELATIONSHIP\_\_\_\_\_

NAME\_\_\_\_\_ RELATIONSHIP\_\_\_\_\_

NAME\_\_\_\_\_ RELATIONSHIP\_\_\_\_\_

I, \_\_\_\_\_ HEREBY RELEASES  
FAIRVIEW VISTA CONDOMINIUM, INC., AND AGENT THEREOF FROM HARM  
AND AUTHORIZE THEM TO OBTAIN MY PERSONAL CREDIT REPORT FOR  
MY OWN USE. I ALSO HOLD FAIRVIEW VISTA CONDOMINIUM, INC., AND  
THEIR AGENTS HARMLESS FROM DAMAGES OR ANY MONETARY OR  
POLITICAL RAMIFICATIONS OF SAID REPORT. I UNDERSTAND THAT THIS  
INFORMATION WILL BE HELD IN THE STRICTEST OF CONFIDENCE.

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DRIVERS LIC NUMBER & STATE

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE