



8300 NW 93 Avenue Tamarac, Florida 33321 - 954-366-6042 - westwoodfive23@comcast.net

Application for Approval of Residency:

Unit #: _____

Date: _____

Property Address: _____

Sale () or Lease ()

Current information of all occupants that will be residing in the home:

Name: _____ DOB: _____

Address: _____

Phone: _____ Email address: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Email address: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Email address : _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Email address: _____

Emergency Contact:

Name: _____ Phone: _____

If the sale or rental is being handled by a Real estate agent or an Attorney, please provide the following:

Name: _____ Phone: _____

Agency: _____

- When submitting this application a copy of the Purchase contract or Lease agreement, a copy of a drivers license for all adults occupying the residence and check or money order for \$50.00 payable to Westwood Community Five Association is required. This fee is non refundable once the interview has taken place should the sale or lease not be completed in its entirety.
- This application can be mailed or delivered to Westwood Community Five 8300 NW 93 Avenue Tamarac, FL 33321
- If approved applicants agree, without reservation of any nature to abide by the Deed of Restrictions, By Laws and the Rules and Regulations as are in effect or may be amended in the future. In executing this application, I affirm that all information provided made here in true.

Signature of applicant/s:

Do not write below this line Association use only:

Interviewed by: _____ Date: _____

Notes: _____

