

Hammock Cove Association, Inc.



459 NW Prima Vista Blvd. | Port St. Lucie, FL 34983
T: 772-219-4474 | F: 772-219-4746

GENERAL AUTHORIZATION TENANT-RESIDENCY FORM

****Please present a separate page for each applicant****

Applicant name: _____

Maiden name if applicable: _____

Date of birth: _____ Social Security #: _____

Present Address (street, city, state, zip): _____

Previous Address (street, city, state, zip): _____

I hereby authorize the Hammock Cove Association, to obtain and verify a social security number search, a criminal report history, and a credit check.

I agree to indemnify and hold harmless the Hammock Cove Association, their employees, officer and directors, affiliates, subcontractors, and agents from any loss, expense, or damage which may result directly or indirectly from information or reports furnished.

Buyer/Lessee: _____ Date: _____

Buyer/Lessee: _____ Date: _____

MUST BE FILLED OUT BY BUYER OR LESSEE