

<b>SUBJECT</b>	<b>Date</b>
CONVENTIONAL PROCEDURES MANUAL APPLICATION PROCESSING GENERAL AFFIDAVIT – Form #T-701	10-4-12

**PURPOSE:** To document information claimed by resident, occupant, or applicant

**PREPARED BY:** SM, OM, LA resident, occupant, or applicant

**WHEN PREPARED:** Whenever a resident, occupant or applicant wishes to provide information for our records or to explain or clarify information requested by management.

Complete form as follows (see example):

- (1) Community Name
- (2) Apartment number
- (3) Resident/applicant name printed
- (4) Co-resident/co-applicant name printed
- (5) Description of circumstances that resident or applicant requests we consider. If necessary provide attachments by inserting words, "see attached."
- (6) Signature of resident/applicant
- (7) Printed name of resident/applicant
- (8) Signature of co-resident/co-applicant
- (9) Printed name of co-resident/co-applicant
- (10) Notary endorsement
- (11) Apartment number

Comments

A. SM, OM or LA gives to resident, occupant or applicant

B. Resident, occupant or applicant completes Affidavit, obtains notary endorsement and returns it to SM

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C. SM reviews for completeness, faxes or emails a copy to the main office and files original in resident file

D. **Should be completed by the resident, occupant or applicant unless physically or mentally unable to do so**

E. **If the handwriting is illegible the SM, LA or OM should rewrite the statement on a separate sheet and have it signed by the resident, occupant or applicant and attached to the form. Note on form in Section (5) see attached.**

Dunes Apartments  
1555 A1A South  
Leasing Office  
St. Augustine, FL 32080

GENERAL AFFIDAVIT

Property Name: Dunes Apartments (1) Unit #          (2)

Resident Name:    (3)

Resident Name:    (4)

I represent and warrant the following information to be true:

    
(5)

  

Should any of the information above change, I will immediately notify the site manager in writing  
via certified mail to: Dunes Apartments Leasing Office, 1555 A1A South, St. Augustine, FL  
32080.

I hereby certify that the information provide above is accurate and complete to the best of my  
knowledge. I understand that providing false or misleading information under oath may subject  
me to criminal and civil penalties.

Signature of Applicant/Resident:    (6)

Printed Name of Applicant/Resident:    (7)

Signature of Applicant/Resident:    (8)

Printed Name of Applicant/Resident:    (9)

State of Florida  
County of St. Johns  
(10)

Sworn and subscribed before me this            day of           , 20             
by    (name of person acknowledging).

Signature of Notary Public   

Print, type or stamp  
Commissioned Name of Notary Public

Personally Known            OR Produced Identification           

Type if Identification Produced