

**FINCASTLE HEIGHTS MUTUAL OWNERSHIP CORPORATION
LIVE-IN APPLICATION**

Date: _____

Name: _____ Soc. Sec. No. ____ - ____ - ____

Birth Date: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Name of Resident you will be staying with: _____

Address of Resident you will be staying with: _____

*I understand that I **must** furnish a State Criminal Record Check from the state of residence
Before this application will be considered*

Signature of Applicant

Application taken by

To be filled out by the Board of Trustees

Approval Date: _____

Approved By: _____

Police Report: _____