



# CERTIFICATION OF OCCUPANCY OTHER THAN AS LESSEE

Unit Owner (s): \_\_\_\_\_ Unit No. \_\_\_\_\_

Please type or print legibly the following occupant information:

Person(s) Being Granted Occupancy \_\_\_\_\_

Expected Termination Date of Occupancy \_\_\_\_\_

Relation to the Unit Owner \_\_\_\_\_

Reason for Occupancy Arrangement \_\_\_\_\_

**Information on Person Allowed Occupancy:**

Employed By: \_\_\_\_\_ Soc. Sec. No (last 4 digits): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State Issued: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Or Nearest Relative

\_\_\_\_\_  
Address City, State, Zip

Please note that move in fees apply to anyone authorized under this form. In addition, the person authorized under this form must also submit a signed receipt for the MTCA rules and regulations.

The undersigned acknowledge that approval for occupancy is authorized pursuant, and subject to the Marina Towers Condominium Association Rules and Regulations, a copy of which has been provided to us.

We further acknowledge the person(s) being granted occupancy are not lessees of the Unit Owner(s) and no payment of any kind is being made or required to the Owner(s) for use and occupancy. We understand the Unit Owner(s) may be subject to severe fines or penalties for violations of the Association's Leasing Rules and Regulations.

We have read the above certification and request the Association to permit occupancy.

\_\_\_\_\_  
Unit Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Occupant

\_\_\_\_\_  
Date