

BLDG. NO.: UNIT NO.:

EAST LAKES HOMEOWNERS ASSOCIATION
9732 NW 16TH COURT
PEMBROKE PINES, FLORIDA 33024

APPLICATION FOR LEASE

1. This application, and the attached application, authorization, and East Lakes lease must be completed in detail by the proposed lessee.
2. If any question is not answered or left blank, this application will be returned, not processed, and not approved.
3. Please attach a copy of the East Lakes lease to this application.
4. Please attach a non-refundable processing fee of \$100 per single adult to this application, made payable to East Lakes HOA.
5. The completed application must be submitted to the association office at least thirty (30) days prior to the desired date of occupancy.
6. Occupants must be interviewed prior to final approval. Occupancy prior to final approval is prohibited.
7. The lessee must have a hard copy of the association's rules and regulations, either printed from eastlakeshoa.com/documents or purchased at the interview for \$20.
8. No lease shall be for less nor more than twelve (12) months
9. No commercial vehicles, boats, trailers, RVs, motor homes, campers, trucks, vans, etc. Permitted within East Lakes in Pembroke Pines.
10. A photo ID for each adult must accompany the application.

PLEASE PRINT OR TYPE

DATE _____ LEASE TERM: FROM _____ TO _____

OWNER'S NAME _____ BLDG. NO. UNIT NO. _____

OWNER'S PRESENT ADDRESS _____

OWNER'S PHONE NO. _____

NAME OF REALTOR HANDLING LEASE _____

PHONE NO. _____

NAME(s) of proposed Lessee(s) (as they will appear on lease):

OTHER PERSONS who will occupy the unit with you:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to Lease:

a. I will abide by all of the restrictions contained in the Covenants and Restrictions, By-Laws, and Rules and Regulations which are or may in the future be imposed by EAST LAKES HOMEOWNERS ASSOCIATION.

b. I understand that sub-leasing is prohibited.

c. I understand that occupancy of this unit in my absence is prohibited.

d. I understand that I must be present when any guests, visitors, or children who are not permanent residents occupy the unit or use the recreational facilities.

e. I understand that any violation of the terms, provisions, conditions, and covenants of EAST LAKES HOMEOWNERS documents provides cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances.

2. I understand that the acceptance for Lease of a unit at EAST LAKES is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Occupancy prior to approval is prohibited. Any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application.

3. I understand that the Board of Directors of the EAST LAKES HOMEOWNERS ASSOCIATION may cause to be instituted such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors or their Agent to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors and Officers of the EAST LAKES HOMEOWNERS ASSOCIATION itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of the EAST LAKES HOMEOWNERS ASSOCIATION will be final, and no reason will be given for any action taken by the Board. I agree to be governed by the determination of the Board of Directors.

Signature of Applicant(s)

APPLICANT _____ DATE: _____

APPLICANT _____ DATE: _____

**EAST LAKES HOMEOWNERS ASSOCIATION
OCCUPANCY FORM**

The purpose of this form is to provide the Association with the names and emergency information of all occupants residing in a residence as required by Article II-A, Paragraphs 1 and 21, of the Covenants and Restrictions.

Address: _____ Unit # _____

Date: _____ Owner: Renter:

Name: _____

Signature: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ E-Mail _____

Driver's License _____ Vehicle Tag # _____

Emergency Contact: Name _____

Phone # _____ Relationship: _____

Residents - Under 18 Years of Age:

.....
.....
.....
.....

Print Occupant Name: _____ Relationship: _____ :

Occupant Signature: _____ Telephone # _____

Driver's License: _____ Vehicle Tag # _____

Print Occupant Name: _____ Relationship: _____ :

Occupant Signature: _____ Telephone # _____

Driver's License: _____ Vehicle Tag # _____

Print Occupant Name: _____ Relationship: _____ :

Occupant Signature: _____ Telephone # _____

Driver's License: _____ Vehicle Tag # _____

READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! ****

APPLICATION FOR OCCUPANCY

Association Name: _____

Circle one: Purchase - Lease - Occupant - Unit.# _____ Bldg.# _____ Address applied for: _____

Full Name _____ Date of Birth _____ Social Security # _____

Circle One: Single - Married - Separated - Divorced - How Long? _____ Other legal or maiden name _____

Have you ever been convicted of a crime? _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Applicant's Cell Number(s) _____ Applicant's Email Address _____

Spouse _____ Date of Birth _____ Social Security # _____

Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

Spouse's Cell Number(s) _____ Spouse's Email Address _____

No. of people who will occupy unit – Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

In case of emergency notify _____ Address _____ Phone _____

PART I – RESIDENCE HISTORY

A. Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Are you on the Lease? _____ If not, who is the leaseholder? _____ Are you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

B. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

C. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

PART II – EMPLOYMENT REFERENCES

Include a recent copy of an earnings statement to expedite processing

A. Employed by NOT APPLICABLE FOR TENANT APPLICATIONS Phone _____

Dates of Employment: From: _____ To: _____ Position _____ Fax _____

Monthly Gross Income _____ Address _____

B. Spouse Employed by NOT APPLICABLE FOR TENANT APPLICATIONS Phone _____

Dates of Employment: From: _____ To: _____ Position _____ Fax _____

Monthly Gross Income _____ Address _____

PART III – BANK REFERENCES

Include a recent copy of a bank statement to expedite processing

A. Bank Name NOT APPLICABLE FOR TENANT APPLICATIONS Checking Acct. # _____ Phone _____

Address _____ Fax _____

B. Bank Name NOT APPLICABLE FOR TENANT APPLICATIONS Savings Acct. # _____ Phone _____

Address _____ Fax _____

PART IV – CHARACTER REFERENCES (No Family Members)

1. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

2. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

3. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

4. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

Are you using a realtor? Yes No If yes: Realtor's name _____

Email Address _____ Cellular Phone _____

Driver's License Number (Primary Applicant) _____ State Issued _____

Driver's License Number (Secondary Applicant) _____ State Issued _____

Make _____ Type _____ Year _____ License Plate No. _____

Make _____ Type _____ Year _____ License Plate No. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

4690 NW 103rd Avenue, Sunrise, Florida 33351

www.associatedcreditreporting.com

AUTHORIZATION FORM

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. **PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY.** If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)