



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, _____ herein referred to as *Association* and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, credit history through a consumer credit report, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the *Association* may contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the *Association* to furnish the above-mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the *Association* at any time during my occupancy with the *Association*.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the *Association* based on information contained in the report.

Upon proper identification and payment permissible by law, you have the right to request from the *Association* a copy of any information in its file on you at the time of your request.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

Print or type Applicant Information

Buyers Name: _____ Social Security Number _____

Present Address: _____ City: _____

State: _____ Zip Code: _____

Driver's License Number: _____ Driver's License State _____

IMPORTANT: The following information will be used by United Screening Services Corporation for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Maiden, Other and/or Former Name(s) _____

Gender: Male _____ Female _____ Date of Birth: _____

Signature: _____ Date: _____

MAR-LEN GARDENS

ADDRESS: 16800 N.E. 14th Avenue, North Miami Beach, Fla. 33162 PHONE: 305-947-4511

APPLICATION FOR PURCHASE OR INHERITANCE APPROVAL

Pre- Qualification Requirement

- | | | |
|---------------------------------------|---|------------------------|
| - Current Photo ID/Passport | - Financial support letter (notarize) | - Sales Contract |
| - Previous 2 years W-2 and filed 1040 | - Background Criminal and Credit Report | - Proof of Income |
| - Last 3-month bank statements | - If retired SS Benefit Statement | - Vehicle Registration |

- 1. This application must be completed in detail by the proposed Purchaser.
- 2. If any question is not answered or left blank, this application will be returned, not processed, and not approved.
- 3. Please attach a non- refundable processing fee of **US\$300.00** to this application, made payable to Mar-Len Gardens.
- 4. The completed application must be submitted to the Association Office within thirty (30) days prior to the expected closing date.
- 5. All applicants must make themselves available for a personal interview prior to final approval by Corp.
Occupancy prior to final approval is prohibited.
- 6. In order to be a shareholder or permanent resident you must be over 55 years of age.
- 7. **NO** pets allowed at any time.
- 8. **NO** commercial vehicles, unlicensed vehicle, trailers, boats trailers, Rv's, Trucks, box truck, etc. permitted on the premises. **One** Vehicle and **one** parking space per Apartment.
- 9. We conduct Criminal, Credit, Employment and Landlord Verification
- 10. Occupancy Regulations:
 - One Bedroom Apartment - no more than two (2) occupants
 - Two Bedroom Apartment - no more than four (4) occupants.

PLEASE PRINT OR TYPE

DATE _____ BLDG.# _____ APT. # _____ APPROXIMATE CLOSING DATE _____

BUYERS NAME: _____

EMAIL: _____ TELEPHONE: _____

PRESENT ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SOCIAL SECUTITY NUMBER: _____

SINGLE () MARRIED () DIVIRCED () Other ()

CREDIT INFORMATION

OCCUPATION: _____

NAME of EMPLOYER: _____

ADDRESS: _____

BANK REFERENCE:

NAME _____

ADDRESS: _____

TWO (2) PERSONAL REFERENCES REQUIERED

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

Signature of acknowledgement: _____



Building No. _____ Apt No. _____ Apt Type _____ Occup. Date _____ Term Date _____

Application for Occupancy (Purchase)

Date _____

IMPORTANT: Each co-resident/co-applicant must submit separate applications.

PERSONAL INFORMATION

Applicants Name _____ Date of Birth _____ SS No _____
First Middle Last

Marital Status _____ Driver License No _____ State _____

Spouse's Name _____ Date of Birth _____ SS No _____
First Middle Last

Driver License No _____ State _____

Other Occupants

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Do you own pets? _____ If yes, type (breed) _____ Size/Weight _____

Have you, the co-applicant(s), and/or any occupant(s) ever been arrested, charged and/or convicted of a crime? _____ If Yes, Provide detailed explanation.
(Use reverse side of this application)

Emergency contact (Name/Phone) _____

RESIDENT HISTORY

Present Street Address _____ State _____ Zip _____

Phone () _____ To/From _____ Monthly Payment \$ _____

Landlord's Name _____ Phone () _____

Reason For Moving _____

Previous Street Address _____ State _____ Zip _____

To/From _____ Monthly Payment \$ _____ Landlord's Name _____

Phone () _____ Reason For Moving _____

Have you and/or the co-applicant(s) ever been evicted from any property? _____ If Yes, Provide detailed explanation. (Use reverse side of this application)

EMPLOYMENT HISTORY

Present employer _____ Supervisor _____

Address _____ Phone () _____

Position _____ Date of employment _____ Gross weekly salary \$ _____

Previous employer _____ Supervisor _____

Address _____ Phone () _____

Position _____ Dates of employment _____ Gross weekly salary \$ _____

Spouses employer _____ Supervisor _____

Position _____ Phone () _____ Salary \$ _____

PERSONAL REFERENCES

Name _____ Phone () _____ Phone () _____

Name _____ Phone () _____ Phone () _____

Name _____ Phone () _____ Phone () _____

BANK INFORMATION

Account No _____ Account type _____ Bank Name and Branch _____

Account No _____ Account type _____ Bank Name and Branch _____

Account No _____ Account type _____ Bank Name and Branch _____

Account No _____ Account type _____ Bank Name and Branch _____

CHARACTER REFERENCE

Name _____ Phone No _____ Relation: _____

Name _____ Phone No _____ Relation: _____

(If necessary use reverse side of this application to list additional accounts)

VEHICLES

Year _____ Make _____ Tag No _____ State _____ Registered to _____

Year _____ Make _____ Tag No _____ State _____ Registered to _____

Year _____ Make _____ Tag No _____ State _____ Registered to _____

Applicant(s) has submitted the sum of \$ _____, which is non-refundable payment for credit check/background check processing and verification of the application.

and United Screening Services Corporation is hereby authorized and given the right to verify by reasonable means all of the information disclosed by the applicant(s) including but not limited to credit check, criminal history, eviction-civil records, landlord verification, and verification of employment; in this application, any additional documents in the application packet, exhibits and/or attachments. Applicant(s) certify that all of the information disclosed to is true and correct. Furthermore, applicant(s) certify it has not knowingly omitted any information from this application, any additional documents in the application packet, exhibits and/or attachments.

Applicant Signature _____ Date _____

Spouse Signature _____ Date _____

Interviewed by _____ Date _____

**NAME OF PERSPECTIVE PURCHASER
(AS TITLE WILL APPEAR)**

A _____ B _____

1. In making the foregoing application, I represent to the Screening Committee that the purpose for the Purchase of an apartment at Mar-Len Gardens is as follows:

2. I hereby agree for myself and on behalf of all persons who may use the apartment which I seek to purchase, that I will abide by all of the restrictions contained in the By-Laws & Rules and Regulations of the Co-Op Documents and restrictions which are or may in the future be imposed by the Mar-Len Gardens Management Corp.

3. I understand that I will be advised by the Administration Office within thirty (30) days of either acceptance or denial of this application,

4. I understand that the acceptance for purchase of an apartment at Mar-Len Gardens Co-Op is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors of Corp # _____. Occupancy prior to approval is prohibited. Any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application.

5. I understand that the Screening Committee of the Mar-Len _____ Gardens Co-Op Association may cause to be instituted such an investigation of my background as the Screening Committee may deem necessary. Accordingly, I specifically authorize the Screening Committee and the Board of Directors of Corp. # _____ 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 Screening Committee and the Board of Directors of Corp, # _____ shall be held harmless from any action or claim by me on connection with the use of the information contained herein.

In making the foregoing application, I am aware that the decision of the Mar-Len Gardens Building Corp. # _____ will be final. I agree to be governed by the determination of the Screening Committee.

We (I) have read the above and affirm that the answers given are correct and that (I) have not withheld information pertinent to judging my suitability as a shareholder at Mar-Len Gardens.

APPLICANT: _____

APPLICANT: _____