Las Olas Manor Association, Inc.
c/o Renaissance Management Group
1773 N State Road 7, Lauderhill FL 33313
954-693-9989

SALE/LEASE APPLICATION

- An application must be completed by **EACH** resident over the age of 18.
- Husband and wife should complete a joint application and pay only **one application fee**.
- The application fee is **$125.00** per resident over the age of 18.
- Lease deposit: **$200.00** per unit.

The checklist below is provided for your convenience. Please initial all items below prior to submitting:

☐ _____ Completed Application (this application)

☐ _____ Signed Rules & Regulations, Electronic Transmission of Notices, and Authorization

☐ _____ Copy of Driver's License or Government Issued ID for all adult occupants

☐ _____ Copies of most recent Paystub or 1099 or most recent Tax Return

☐ _____ Copies of last 2 months Bank Statements

☐ _____ Copies of Vehicle Registration and Insurance

☐ _____ Copy of Executed Sale Contract OR Executed Lease Contract

☐ _____ $125 Application Fee **(Cashier's Check or Money Order ONLY)**
It must be payable to Las Olas Manor Association, Inc.

☐ _____ $200 Lease Deposit - *if applicable* **(Cashier's Check or Money Order ONLY)**
It must be payable to Las Olas Manor Association, Inc.

HOW TO SUBMIT YOUR APPLICATION:

1. Email all documents to applications@rmgsouthflorida.com
   Subject line: LOM/property address/applicant last name
2. Drop off address (mailed or hand-delivered): **Renaissance Management Group, Inc.**
   1773 N State Road 7- suite 200
   Lauderhill, FL 33313

TO FOLLOW UP:

- Please email applications@rmgsouthflorida.com
  Subject line: LOM/property address/applicant last name

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: Las Olas Manor Association, Inc.

Purchase ☐ Lease ☐ Occupant ☐ Apt.# _____ Bldg.# ____ Address applied for: _____

Full Name _____ Date of Birth _____ Social Security # _____

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 _____

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 _____

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 _____

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 _____

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 _____

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 _____

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 _____ Phone _____

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

Monthly Gross Income_____Address _____

B. Spouse Employed by__ _____ 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 _____ Checking Acct. #_____ Phone _____

Address _____ Fax _____

B. Bank Name _____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)

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IMPORTANT NOTES

- The association has **30 DAYS** to complete the application process – please plan accordingly.
- Screening fees must be paid in full – applications received without payments or incorrect payment amounts will NOT be accepted. Screening fees are non-refundable.
- Any guest or family member staying in the unit for more than **30 days** must complete the application process.
- Prospective buyers and/or renters are not considerate guests prior to screening. Therefore, are not to be in residence until the orientation has been completed by the Board of Directors.
- Occupancy prior to board approval is strictly prohibited.
- An interview with the Board of Directors is required to obtain the final approval.
- All accounts must be current before application is accepted.
- All violations must be resolved prior to orientation and approval.
- Purchaser is responsible for obtaining association documents and keys from current owner.
- A copy of the Warranty Deed and Settlement Statement must be sent to the association once the property has closed.
- Leasing is allowed after 1 year of ownership. No short-term
- The application must be filled out completely and be legible. All required documents must be attached to the application. If we cannot read it or there's information missing the application will not be accepted

Applicant 1 Signature: _____ Date: _____

Print Name: _____

Applicant 2 Signature: _____ Date: _____

Print Name: _____

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RULES AND REGULATIONS

Pool Area

- No glass is permitted in pool area.
- No unattended guest or children under the age of 18.
- No loud music or disruptions.
- Hours are sunrise to sunset.
- Gates to pool area must be kept locked at all times.
- No pets allowed in the gated areas in and around the pool area.

Trash

- All boxes must be broken down.
- No trash or recyclables should be left outside the bins.
- Do Not "Overstuff" the Trash or Recycle bins. Wait until the next trash pickup (usually 2 times per week) if the bins are full before placing items in either bin.
- No construction materials, electronics, or toxic waste should be disposed in bins.

Parking

- If parking in guest spot, permit must be displayed and visible.
- Renting out parking spots is prohibited.

Pets

- Dogs must be on a leash and Owner/Renter must pick up after their pets and place the "doggie refuse" in the dumpster.

Moving Day

- Please place the Elevator Pads up prior to allowing movers into elevators to protect the walls from damage and scratches. Please remove them when completed and place them back in the office.
- Do not place boxes from furniture or allow movers to place any item in the dumpster/recycle bins. They must take all Moving items with / not placed in dumpster or on property.

Misc.

- Walkways, Landing, Stairs and Stairwells must be kept clear at all times.
- No hanging items on railings, no chairs, tables, bikes, etc.

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RULES AND REGULATIONS ACKOWLEGEMENT

I have read and understand the Rules and Regulations and Architecture Guidelines of Las Olas Manor Association, Inc. that have been presented to me by the Board of Directors this:

_____ day of _____ 20_____.

Additionally, at no future date will any resident, guest or invitee of my unit indicate that they did not adhere to said Rules and Regulations of the of Las Olas Manor Association, Inc. due to non-awareness of same. I am financially responsible for any cost/damage caused by myself, my guests, tenants, and invitees to of Las Olas Manor Association, Inc. property.

I have read it in full and thoroughly understand its intent.
I furthermore agree to abide by these "Rules and Regulations".

Applicant 1 Signature: _____ Date: _____

Print Name: _____

Applicant 2 Signature: _____ Date: _____

Print Name: _____

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ELECTRONIC TRANSMISSION OF CONDOMINIUM NOTICES

FS 718.112

If you agree to receive your notices of Special Assessments, meetings and general association notices via email, please fill out the following form:

I/We, _____ owner(s)/tenant(s) of Unit _____ at *LAS OLAS MANOR ASSOCIATION, INC*. do hereby agree to receive notices regarding special assessments, meetings and general association notices via electronic transmission.

Please send any notice of special assessments, meetings, and general association notices to the following email:

Applicant 1 Email: _____

Applicant 2 Email: _____

I agree that if I wish to rescind my agreement to receive my notices via electronic transmission, I will notify the property manager by emailing **info@rmgsouthflorida.com** a request to update my preferences back to regular mail.

Applicant 1 Signature: _____ Date: _____

Print Name: _____

Applicant 2 Signature: _____ Date: _____

Print Name: _____

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PET REGISTRATION FORM AND PET RULES ACKNOWLEDGEMENT

- A separate registration form is required for each pet;
- **The form must be signed by a veterinarian;**
- A recent photo of the pet and vaccination records must be attached.

Pet Owner's Name: _____

Unit #: _____ ☐ Tenant ☐ Owner Phone Number: _____

Type of pet: ☐ Cat ☐ Dog Other: _____

Pet's Name: _____ Breed or mixture: _____

Gender: _____ Color: _____ Weight: _____ lb Age: _____

Neutered/Spayed: ☐ Yes ☐ No

Veterinarian's Name: _____

Phone Number: _____ Email: _____

Veterinarian's Signature: _____

Veterinarian's Stamp:

I/We hereby certify that the above information is true and correct. I/We understand that I/we am/are fully responsible for the actions of my/our pet(s) and I/We acknowledge and agree to abide by the Pet Rules as it relates to control of the pet(s) so as not to cause a nuisance, to have it on a leash while outside, and I/we agree to clean-up after the pet(s). By signing below, I/we acknowledge that I/we have read and understand the pet rules and regulations. I/We understand that violations of the Rules and Regulations and Governing Documents regarding pets can lead to fines and restriction of my/our rights to have a pet and the expulsion of my/our pet from the Association property.

Pet Owner Signature: _____ Date: _____

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APPLICANT AUTHORIZATION

(We) fully authorize investigation of all answers and references given;

(We) acknowledge we cannot occupy the premises without proper authorization from the association;

(We) agree that false or incomplete applications will be rejected;

(We) acknowledge the processing of this application may take 4 weeks.

(We) agree that no transient occupancy is allowed and a copy of each lease and renewal lease agreements must be provided to the association prior to initiation of renewal.

(We) hereby issue authority and permission, while holding harmless the credit bureau and Renaissance Management Group, Inc., releasing them and their agents, employees and members from any losses, expenses or damages sustained directly or indirectly by me or others, from information disclosed in their investigative report whether made orally or in writing.

(WE) CERTIFY THE FOREGOING TO BE TRUE AND CORRECT:

The Association and its Agent, in the event of consent to a Sale, hereby authorizes to act as our agent with full power and authority to take such action as may be required, if necessary, to compel compliance by our Lessee(s) and/or their guests, with provisions of the Declaration of the Association. Its supportive exhibits, rules and regulations of the Associations, or in the instance of any violation of any of the above by the Lessee(s) and/or their guests, under appropriate circumstances, to terminate the Leasehold. The Lessor agrees to reimburse the Association for any attorney fees and costs incurred as Lessor's agent in such enforcement of Lease termination.

Applicant 1 Signature: _____ Date: _____

Print Name: _____

Applicant 2 Signature: _____ Date: _____

Print Name: _____