Farris Property Management

full service community management

Information Sheet

1. A certificate of approval is required before applicant may buy or lease a condominium.
2. All owners are ultimately responsible for their tenants and are required to furnish them with the association rules and regulations and use restrictions. Any fines brought about by the tenant's actions are ultimately responsible by the unit owner.
3. Before a condominium is rented or sold the prospective renter/buyer must pay a $100/pp screening fee (money order or bank check only) payable to Cascades at Holly Heights. This fee must accompany a hard copy of the application and lease or sales contract. Please do not e-mail or fax application separately.
4. No unit may be leased for less than 3 months OR more than twice per year.
5. Pets are restricted to no more than 2 per unit and must be common domesticated pets. Pigs, venomous snakes and "dangerous" breed dogs are not allowed.
6. The seller shall give all condominium governing documents, including by-laws and rules and regulations to the buyer.
7. Current month's maintenance payments and unpaid assessments must be paid in advance of leasing a unit. Current month's maintenance payments and unpaid assessments must be paid at or before closing.
8. A copy of the lease must be provided with this application.
9. 1 Residential Screening Authorization form and 1 Disclosure and Authorization Agreement is needed per person.

Applicant's name:_____
Applicant's phone number:_____
Unit Address:_____
_____

Please provide the following personal information:

List all occupants

Name: _____ Phone number:_____

Name_____ Phone number:_____

124 NE 3rd Street
Pompano Beach, FL 33060
Phone: 954 786 7414
Fax: 954 943 8677
E-mail: chris@farrisproperty.com

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Name_____ Phone number:_____

E-mail address:_____

Mailing address (if different than unit address):

_____

_____

Employer:_____

Phone number:_____

Emergency contact:
Name:_____

Phone number:_____
Please provide 2 references:
Name:_____ Phone number:_____
Name:_____ Phone number:_____

By signing this document I am attesting to the fact I will obtain all condominium governing documents either from the owner/seller or the association (a charge will apply) and I agree to abide by all rules and regulations and governing documents. I further acknowledge that ignorance of any rule, regulation or governing document does not release me from obligation to abide by these rules. I also agree to allow the Association to perform appropriate background and credit checks.

_____ _____
Prospective buyer or lessee Date

_____ _____
Prospective buyer or lessee Date

I give my full authorization to disclose any credit or background information as a result of this application to the unit's owner.

_____ _____
Prospective lessee Date

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The Cascades at Holly Heights / Ref# _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cel#: _____

Current Employer

Company: _____N/A_____ Tel#: _____N/A_____

Supervisor: _____N/A_____ Salary: _____N/A_____

Employed From: ___N/A_____To: _____N/A_____ Title: _____N/A_____

Current Landlord

Company: _____N/A_____ Tel#: _____N/A_____

Landlord: _____N/A_____ Rent: _____N/A_____

Rented From: _____N/A_____ To: _____N/A_____

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ **DATE:** _____

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DISCLOSURE AND AUTHORIZATION AGREEMENT

REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your residence.** Upon timely written request of the management, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

_____

Print Name

_____ _____

Signature Date

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