ASHLAND A CONDOMINIUM ASSOCIATION, INC.
C/O PHOENIX MANAGEMENT SERVICES, INC
6131B LAKE WORTH RD. - GREENACRES, FL 33463
PHONE 561-964-1550

APPLICATION COVER SHEET

The completed application must be accompanied by the following:

_____Executed lease agreement or sales contract with all required signatures executed.

_____A copy of Driver's License (Picture ID) for all proposed occupants, Vehicle Registrations & Proof of Insurance for all Vehicles.
No commercial vehicles, motorcycles or trucks longer than the allotted parking spaces. *****

_____3 Letters of Reference

_____Financial Reference Request / Copy of current bank statement

_____Background Check Disclosure

_____ If applicable Lakes of Delray Service /Emotional support animal paperwork.
No Pets Allowed*

_____A **cashiers check or money order** in the amount of **$100.00** payable to **ASHLAND A** for the **non-refundable** application fee.
_____A **cashiers check or money order** in the amount of **$150.00** payable to Phoenix Management for the **non-refundable** processing fee.

Any application with incomplete answers cannot be approved and will be returned without processing.
Per Florida law, Associations have up to 30 days to approve / deny an application

******AT CLOSING THERE IS A $2,000 CAPITAL CONTRIBUTION TO BE PAID TO LAKES OF DELRAY*****

ASHLAND A CONDOMINIUM ASSOCIATION, INC.

APPLICATION for PURCHASE or LEASE

RETURN TO: PHOENIX MANAGEMENT SERVICES, INC.,
6131-B LAKE WORTH ROAD, GREENACRES FL. 33463 561-964-1550.

Date: _____ **Unit #** _____ **Unit Address:** _____

Closing Date _____

Lease Date From _____ **TO** _____

Agent and contact # handling sale _____

Applicant (s) Name _____ SS# _____

Current Address: _____

Telephone Number (s) _____ Email Address _____

Applicant (s) Name _____ SS# _____

Current Address: _____

Telephone Number (s) _____ Email Address _____

Maximum Occupancy: (1 Bedroom – 2 persons) (2 Bedrooms – 4 persons)

YOU MUST LIST ALL PERSONS WHO WILL RESIDE IN THE UNIT AND THEIR AGES.
AT LEAST ONE (1) PERMANENT RESIDENT MUST BE 55 YEARS OF AGE OR OLDER.

Name _____ DOB ____/____/_____ AGE _____

Name _____ DOB ____/____/_____ AGE _____

Name _____ DOB ____/____/____ _____ AGE _____

Name _____ DOB ____/____/____ _____ AGE _____

Vehicles: ____

Make-Model-Color: _____ Tag # _____ State _____

Make-Model-Color: _____ Tag # _____ State _____

I (we) the proposed (buyer (s), hereby certify as to the accuracy of the above personal information and authorize Ashland A Condominium Association, Inc, to conduct an investigation of my (our) moral character and financial background from the above stated references. APPLICANT (S) AGREES (S) TO ABIDE BY ALL STATE AND ASSOCIATION DOCUMENTS AND RULES AND REGULATIONS AS A CONDITION OF RESIDENCY.

_____ _____
APPLICANT SIGNATURE DATE

_____ _____
APPLICANT SIGNATURE DATE

BACKGROUND CHECK DISCLOSURE

By signing, the applicant recognizes and authorizes the Association and Phoenix Management Services, Inc., as agent for the Association, to obtain a consumer report and other information deemed necessary by the Association, for the purpose of the Association evaluating the applicant. 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. Applicant expressly releases Phoenix Management Services, Inc. and any procurer or furnisher or information, from liability what-so-ever in the use, procurement, or furnishing of such information, and understands that applicant's information shall remain confidential except through a court order or subpoena as provided under Florida law.

Applicant Print Name: _____

Applicant Signature : _____

Date: _____

Applicant Print Name: _____

Applicant Signature : _____

Date: _____

Applicant Print Name: _____

Applicant Signature : _____

Date: _____

Applicant Print Name: _____

Applicant Signature : _____

Date: _____

PERSON GIVING REFERENCE- PLEASE PRINT & SIGN YOUR NAME

Signature

Print Name

ADDRESS OF PERSON GIVING REFERENCE

E-MAIL ADDRESS:

CHARACTER REFERENCE LETTER

Date: _____

RE: PERSONAL REFERENCE REQUEST

Dear Applicant:

Please follow the instructions listed below carefully so you do not delay your application process. If the form is incomplete in any way, it will hold up your application:

- ☐ Choose three people as personal references.
- ☐ Mail, fax or give one form to each reference you have chosen.
- ☐ Explain to the person(s) giving the reference that they must complete every section and that they must include their name, address, and signature.
- ☐ Have the person providing the reference return the form directly to you, **not** to Phoenix Management.
- ☐ When you have received the completed forms from your reference(s), proof them for accuracy and include in your application package.

THIS SPACE RESERVED FOR REFERENCE INFORMATION ONLY

Character: _____

Integrity: _____

Other Comments: _____

PERSON GIVING REFERENCE- PLEASE PRINT & SIGN YOUR NAME

Signature

Print Name

ADDRESS OF PERSON GIVING REFERENCE

E-MAIL ADDRESS:

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Integrity: _____

Other Comments: _____

ASHLAND A
CONDOMINIUM ASSOCIATION, INC.
HOMEOWNER UPDATE 2023

OWNER'S
NAME:_____

ADDRESS : _____

MAILING ADDRESS IF NOT THE SAME AS ABOVE:

_____

CONTACT PHONE NUMBERS:

_____ / _____ / _____

****

RECEIVE EMAILS FROM HOA AND/ OR MANAGEMENT COMPANY:

CHECK ONE: OPT IN_____(YES TO RECEIVE) OPT OUT _____(NO TO RECEIVE)

EMAIL ADDRESS: _____

OWNER SIGNATURE:_____**DATE:**_____

****

IN CASE OF EMERGENCY CONTACT: _____

PHONE: _____

EMAIL: _____

IF THE UNIT IS **TENANT** OCCUPIED, PLEASE PROVIDE THE FOLLOWING
NAME:

_____

CONTACT PHONE NUMBERS:

_____ / _____ / _____

EMAIL ADDRESS:

_____

On Behalf of the Board of Directors, Thank you for your review and completion of this form.

Homeowner Signature: _____Date:_____

This form may be returned to: EMAIL: adminlw@phoenixfla.com
MAIL: Phoenix Management, 6131B Lake Worth Rd., Greenacres, FL 33463