

THE SEVENTEENTH GREEN CONDOMINIUM ASSOCIATION, INC.

1420/1450 ATLANTIC SHORES BLVD.

HALLANDALE, FL 33009

Mailing Address:

P.O. Box 1248

Hollywood, FL 33022-1248

To All Perspective Buyers: / Renters

Before an appointment for a screening can be made, please be sure to:

- 1) Fill out the screening application completely and correctly.
- 2) Sign the Authorization Form for Associated Credit Reporting.
- 3) Please Read the Rules and Regulations and then sign off on the bottom of the top page (Approval Sheet) that you have read these rules. Please retain these Rules and Regulations for your file.
- 4) Attach a copy of your signed Sales Contract. / Lease Contract
- 5) Include a money order in the amount of \$100.00 payable to Seventeenth Green Condo Assoc., Inc. for 1 person or a couple.
- 6) On a separate piece of paper, list your name and contact number and attach it to the top page of the screening papers.

) Please allow 20 days for screening to be completed.

Thank you,

THE SEVENTEENTH GREEN CONDOMINIUM ASSOCIATION, INC.
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HALLANDALE, FL 33009

Mailing Address:
P.O. Box 1248
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The screening committee of The Seventeenth Green Condo Assoc., Inc. hereby:

() APPROVES

() DISAPPROVES

() PURCHASE

() RENTAL

Unit: _____ Name of Buyers or Renter: _____
(Please Print)

Signature of Screening Committee

Please read the attached Rules and Regulations of The Seventeenth Green Condo Assoc., Inc. Breaking any of these Rules or Regulations will lead to the eviction of renters at unit owners expense and buyers will be fined until compliance is met. Please abide by these rules at all times.

I, _____ have received and have read a copy of The Seventeenth Green Condo Assoc., Rules and Regulations and agree to abide by them fully.

Renters Signature: _____ Date: _____

Owners Signature: _____ Date: _____

New Owners Signature: _____ Date: _____

NOTE: Complete all questions and fill in all blanks. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly or type all information. Missing information will cause delays. All information on this application will be verified.

PLEASE USE BLACK INK

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

APPLICATION FOR OCCUPANCY

Client: VSG Services, Inc.

NOTE: All information supplied is subject to verification. All telephone numbers must be able to be reached between 9-5 P.M. Date _____

Purchase _____ Lease _____ Apt. _____ Bldg. No. _____ Property Address: _____

Full Name _____ Date of Birth _____ Social Security # _____

() Single () Married () Separated () Divorced - How Long _____ Maiden Name _____

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

Charge (s) _____

Spouse _____ Date of Birth _____ Social Security # _____

Maiden Name _____ Have you ever been convicted of a crime _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

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

Names and ages of others who will occupy unit _____

Applicant(s) Cellular Telephone Number _____ Applicant(s) Email Address _____

In case of emergency notify _____ Address _____ Phone _____

PART I - RESIDENCE HISTORY

PLEASE PRINT FULL ADDRESS, INCLUDING UNIT/APT NUMBER, CITY, STATE & ZIP CODE

A. Present address _____ Phone _____

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

Own Home _____ Parent/Family Member _____ Rented Home _____ Rented Apt _____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

B. Previous address _____ Phone _____

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

Own Home _____ Parent/Family Member _____ Rented Home _____ Rented Apt _____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

C. Previous address _____ Phone _____

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

Own Home _____ Parent/Family Member _____ Rented Home _____ Rented Apt _____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

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)

Please notify Character References that we will be contacting them to obtain a reference

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 _____

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

8795 West McNab Road, First Floor, Tamarac, Florida 33321
www.associatedcreditreporting.com

Phone: 954-543-9400
Toll Free: 800-676-7640
Fax: 954-543-9411
Toll Free Fax: 800-235-7185

APPLICANTS: Most banks, financial institutions, mortgage companies and employers require your signature and name printed to verify information. Please complete the form below: Thank you.

AUTHORIZATION FORM

You are hereby authorized to release to any and all information requested with regards to verification of my bank account (s), credit history, residential history, criminal record history, employment verification and character references to **Associated Credit Reporting, Inc.** This information is to be used for my/our credit report for my/our Application for Occupancy.

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 for the exclusive use of the association for residential screening purposes only

PLEASE INCLUDE COPY OF DRIVER'S LICENSE and SOCIAL SECURITY CARD TO CONFIRM IDENTITY. If you do not have a Social Security Card, please include a copy of your Passport or current identification card.

Please notify your Landlord(s), Employer(s), and Character References that we will be contacting them to obtain a reference pursuant to your application.

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 signature.

I/We certify under penalty of perjury that the foregoing is true and correct.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

NOTE TO APPLICANTS: Banks and some employers require your signature and name printed as authorization to verify information. If it is not your bank or employer's policy to verify by fax or verbally-please enclose a copy of your most recent bank statement and check stub. Thank You!