

The Highlands Condominium Association, Inc.

Application for Lease Approval

1. The proposed lessee must complete, in detail, this application. Items left blank may cause the application to be returned before processing. **A complete application must be mailed to:**

The Highlands Condominium Association, Inc.
c/o M. Postman Management, LLC

P.O. Box 291685
Davie, FL 33329-1685
Tel: (954) 362-4421

2. Please attach a **copy of the Lease agreement.**
3. Please attach a non-refundable processing fee of \$150.00 and a check for \$100.00 for move-in/Move-out fee payable to The Highlands Condominium Association, Inc. **by money order or cashier's checks only.**
Also it is required a refundable Move-in/move-out Deposit of \$200.00 payable to The Highlands Condominium Association, Inc. by money order or cashier's checks only.
4. Unit Owners must supply lessee with a copy of the Rules and Regulations for The Highlands Condominium Association, Inc. **Proof of this must be sent in with this application.**
5. Please note, that in accordance with State Law, all vehicles must have a valid license plate (current) have valid insurance coverage and be in working order. The Highlands Condominium Association does not allow commercial vehicles or pickup trucks to be parked on the property. Such violation will result in the towing of the vehicle at the owners expense, or a fine of \$100.00 up to 1,000 per violation will be accessed against the home owner
6. Units are to be used for **residential purposes only**. Please be advised that only two (2) adults per bedroom are allowed to occupy the unit.
7. Copies of required documentation, such as the lease, driver's license, Passport/Visa/Permanent Resident card, etc., or any other required documentation must be legible. **If not legible, the application will be returned.**
8. **Applications are processed in the order that they are received.** Requests to "expedite" or "rush" an application are not fair to previous applicants and will not be considered. Most associations have a 30 day requirement to process and approve an application. Contracts for Lease should reflect a start date that is on or after the required processing time. **Applicants are not permitted to move in prior to association approval.**
9. Legally married couples are considered as "one application". If a married couple has different last names, a copy of your marriage certificate is required.
10. **All other occupants, 18 years of age or older, must be screened and must submit an application and fee, even if they are family members of the lessee or purchaser.**
11. This completed application, consisting of this cover page, two application pages, three exhibit pages, and attached driver's license(s) shall be submitted, in whole, to the association manager's office no later than 30 days prior to the desired date of occupancy.
12. **For all leases, an escrow deposit in a sum not to exceed one (1) month's rent is required by the Association. Make check payable to The Highlands Condominium Association, Inc. and include along with the application package. Please refer Article XVIII, section C (10) (vii) Leases of the Covenants for the full context.**

Signature of Applicant

Signature of Co-Applicant

For Screening Committee Use Only:

☐ Approved Date: _____

☐ Disapproved Date: _____

Approval Signature

Approval Signature

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!

THE HIGHLANDS CONDOMINIUM ASSOCIATION
APPLICATION FOR OCCUPANCY

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

Lease _____ Apt. _____ Bldg. No. _____

Property Address _____

Full Name _____ Date of Birth _____

() 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 _____ Charged (s) _____

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

Names and ages of others who will occupy unit _____

Have any of the other occupants been convicted of a crime? _____ Explain _____

Applicant(s) Cellular Telephone Number _____ Email Address _____

In case of emergency notify _____ Address _____ Phone _____

PART I – RESIDENCE HISTORY AND CONTACT INFORMATION

(PLEASE PRINT FULL ADDRESS, INCLUDING UNIT#, CITY, STATE & ZIP CODE)

A. Present address _____ Phone _____

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

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

Name of Landlord/Mortgage _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

B. Previous address _____ Phone _____

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

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

Name of Landlord/Mortgage _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

C. Previous address _____ Phone _____

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

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

Name of Landlord/Mortgage _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

PART II – EMPLOYMENT REFERENCES

- A. Employment by _____ Phone _____
Dates of Employment: From: _____ To: _____ Position _____ Fax: _____
Monthly Gross Income _____ Address _____
- B. Spouse's Employment _____ Phone _____
Dates of Employment: From: _____ To: _____ Position _____ Fax: _____
Monthly Gross Income _____ Address _____

PART III – BANK REFERENCES

- A. Bank Name _____ Phone _____
Address _____ Fax _____
- B. Bank Name _____ 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 _____
Driver's License Number (Secondary Applicant) _____ State _____
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, Premium Credit Bureau (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 Premium Credit Bureau will investigate the information supplied by the applicant, and a full disclosure or 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 Premium Credit Bureau.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____



Company Name / Requestor _____

Fax Number _____ Date _____

Authorization for Release of Information

I, the legal undersigned, having been duly sworn under oath, state that this is my voluntary, lawful AFFIDAVIT and REQUEST FOR RELEASE of information. In connection with any employment opportunity (including contract for services), I authorize Premium Credit Bureau and its respective agent(s), to solicit information about my background including, but not limited to information regarding any criminal history, employment history and income, licenses, consumer credit history, driving record, and general public records history. I also authorize the procurement of an investigative consumer report. I understand that such an investigative consumer report may contain information about my background, mode of living, character and personal reputation; and I am entitled to be advised of the nature and scope of the investigation requested within a reasonable time after I ask for this information in writing.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Premium Credit Bureau or its agent(s), to release any information on record. Furthermore, I release Premium Credit Bureau, its respective employees and agents of said cities, municipalities, and the Division of Police thereof, and all persons agencies and entities providing information or reports about me from any and all liabilities arising out of the release of any such information.

If ordering Credit Report*, APPLICANT must sign this Release: **SIGNATURE:** _____

<u>LASTNAME</u>	<u>FIRSTNAME</u>	<u>MIDDLE</u>
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<u>SOCIALSECURITYNUMBER</u> -- --	<u>SEX</u>	<u>RACE (OPTIONAL)</u>	<u>DATEOFBIRTH</u> / /
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<u>DRIVER'SLICENSENUMBER</u>	<u>STATEOFISSUE</u>
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<u>CURRENTADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
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<u>PREVIOUSADDRESSIFAVAILABLE</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
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<u>COMMENTS:</u>

☐ Statewide Criminal Search: State _____ ☐ Countywide Criminal Search: County _____ ☐ Nationwide Criminal Search ☐ Civil Records Search ☐ Bankruptcy Search ☐ Motor Vehicle Report: State _____ ☐ Social Security Number Search	☐ Worker's Comp. Search ☐ Eviction Search ☐ Education Verification ☐ Employment Verification ☐ Personal Reference Verification ☐ Professional License Verification ☐ *Credit Report (*Qualified Co.'s Only)	PLEASE SELECT DESIRED SEARCH REPORTS AND FAX THIS REQUEST TO: (305) 468-1565
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NOTICE- if you are requesting a <u>Georgia Statewide Criminal Search</u> , you must have this form signed and notarized in space provided.	Notary Signature: _____ Date: _____ My Commission Expires: _____
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2414 NW 87TH Place, Doral, Florida 33172
Ph: (305) 468-1560/fax: (305) 468-1565
www.PremiumCreditBureau.com

The Highlands Condominium Association Inc.

Proof of Receipt of Rules and Regulations (To Be Completed For Lease Only)

I/We have received the Rules & Regulations for THE HIGHLANDS CONDOMINIUM ASSOCIATION, INC.

Art XVIII: Miscellaneous provisions & owner restrictions, (c) Occupancy transfer and lease;

Section 10:

- (i) **No Unit may be leased or subleased for a term of less than one (1) month and shall provide the Association the lease application.**

Applicant's Signature

Date

Co applicant's Signature

Date

***TENANTS WILL OWE ASSESSMENT TO THE ASSOCIATION
IF THE UNIT OWNER FAILS TO PAY***

Dear Renter:

Please be advised that based on recent changes to Florida State Law 718 (as it relates to condominium associations), the association reserves the right to collect any past due assessments not paid by the owner directly from you the tenant. This is called Assignment of Rents and is an automatic provision that you as the tenant must fully understand. You in turn as the tenant can deduct the amount paid to the association from the rental payment to owner. By signing this screening application, you as the renter agree to abide by Florida State Law 718 and the automatic assignment of rents should it become necessary.

The applicant certifies that all information submitted is true and correct. Each applicant authorizes The Highlands Condominium Association, Inc. and M. Postman Management LLC. to conduct background research and verification, which may include but is not limited to mortgage history, employment statues, tenancy, public records, personal character references, etc. The applicant acknowledges that providing false or misleading information are reasonable grounds for denial of this application. All applicants involved shall hold harmless The Highlands Condominium Association, Inc. and M. Postman Management LLC with regard to any information whether, disclosed or discovered, that may arise from the completion of this application. By signing this agreement, the renter agrees to abide by the rules, regulations and governing documentation pertaining to the association.

Applicant #1 Signature

Applicant #2 Signature

Date

Date