

Paradise Villas Condominium Association, Inc.

501 Blue Heron Drive #322A Hallandale Beach, FL. 33009

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AN OVER 55 RESIDENTIAL COMMUNITY

COVER LETTER

The Board of Directors of Paradise Villas Condominium Association, Inc. would like owners, realtors and perspective applicants to be aware of the following.

Please read carefully and include the following when returning application to the management office:

- Application processing may take up to **(30)** days
- Applicants (ALL, not just 1) who want to purchase or lease a **unit MUST be 55 years old or older to reside** in the community. Permanent residents under 55 are NOT allowed
- **NO PETS** of any kind allowed on the property
- Each unit is **ASSIGNED ONLY ONE PARKING SPOT.** There is no other parking spot for residents. Residents are **NOT** allowed to park in guest parking
- **EVERYONE** who will be living in the unit **MUST** be screened, no exception!
- **\$150.00** per applicant or married couple (with SAME last name) – marriage certificate required if married applicants do not have the same last name
- A copy of the lease or purchase contract must be submitted with the package
- A copy of the vehicle registration
- Please include a copy of the applicant's DL- ID- or passport
- Applicant **MUST** be available to meet with Board of Directors for the mandatory in-person interview
- **Before submitting package,** please double check that ALL paperwork has applicants' signatures and dates.
- **Rentals only:** All occupants not listed on the original lease must first be approved in writing by the landlord, before any approval of occupancy can be given. After landlord approval, the occupant must then be screened and approved by the Association.

- INSTRUCTIONS:**
- 1 -All applicants are processed as separate investigations.
 - 2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
 - 3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
 - 4 -Missing information will cause delays in processing your application.
 - 5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
 - 6- Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE PLEASE

Purchase _____ or Lease _____

Apt. No. _____ Bldg. No. _____ Address _____

Date _____ 20____ Cell or Phone Number _____

Name (Mr./Mrs. /Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy)

Phone: _____ Email: _____

Spouse or other (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy)

Phone: _____ Email: _____

Number of people who will occupy Unit . Adults (**over age 55 Only**) _____

In case of emergency notify: _____
Name Address Telephone

PRINT OR TYPE

RESIDENCE HISTORY

A. Present Address _____ Phone (____) _____
(Street Address, Apt No., City, State, Zip)
Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____
Name of Landlord or Mortgage Co. _____ Phone (____) _____

B. Previous Address _____ Dates of Residency _____
(Street Address, Apt No., City, State, Zip)
Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____
Name of Landlord or Mortgage Co. _____ Phone (____) _____

PRINT OR TYPE

EMPLOYMENT REFERENCES

A. Employed By (or retired from) _____ Phone (____) _____
Address _____ Zip _____
How long _____ Dept. or Position _____ Mo. Income _____

B. **Spouse's** Employment (or retired from) _____ Phone (____) _____
Address _____ Zip _____
How long _____ Dept. or Position _____ Mo. Income _____

BANK REFERENCES

A. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

B. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

PRINT OR TYPE

CHARACTER REFERENCES

1. _____
Name Address Phone (Residential & Office)

2. _____
Name Address Phone (Residential & Office)

3. _____
Name Address Phone (Residential & Office)

AUTOMOBILE (Only One)

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (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 or their agent, Applicant Information may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____ Signature _____
Applicant Applicant's Spouse

Signature _____ Signature _____
Applicant Co- Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure Authorization Form is completed as indicated.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND
You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

DESIGNATED PARTY: APPLICANT INFORMATION

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

_____ (Applicant's Signature)	_____ (Applicant's Name Printed)
_____ (Spouse's Signature)	_____ (Spouse's Name Printed)
DATE _____	

Please use this area below to provide additional information, example (extra emails):

This Form is in SUGAR SYNC in “New Owner & Tenants Screening Packages”