FOREST PARK VILLAS HOMEOWNERS ASSOCIATION, INC.
PURCHASE / LEASE APPLICATION

THE FOLLOWING REQUIREMENTS MUST BE MET IN ORDER TO SELL/LEASE A UNIT:

1. A fully completed application for residency, signed by the renter/purchaser.
2. A copy of the PURCHASE OR LEASE AGREEMENT must accompany the completed application.
3. Three (3) separate letters of reference (1 bank, 1 employer and 1 personal)
4. **No application will be considered for approval if the unit owner is delinquent in any monies due to HOA.**
5. Copy of government issued Driver's License (the copy of the Driver's License must have a clear picture of the individual and all information must be legible on the copy)
6. Completed AccuData Authorization Form (per person over the age of 18 and over)
7. Upon receipt and verification of all materials submitted, a personal interview will be conducted at Atlantis Management, 11011 Sheridan Street, Suite 208, Cooper City, FL 33026. Please call for an appointment (954) 450-9400. The applicant(s) will be notified of the date time for the screening to occur.

SCREENING & PROCESSING FEES

(1st) Check is payable to *Forest Park Villas forty* dollar **($40.00)** per person over 18.

(2ND) Check is payable to *Atlantis Management Services* for one hundred dollar **($100.00)** per application.

A copy of the rules and regulations are attached to this application. Please sign below indicating that you have READ, understand and AGREE to abide by the rules and Regulations of Forest Park Villas.

_____	_____
Applicant Signature	Co-Applicant Signature
_____	_____
Print Name	Print Name

PLEASE NOTE: Any incomplete application submitted will be returned and not processed until all required items have been provided. Please allow a maximum of fourteen (14) business days prior to estimated closing date or lease starting date for the processing of your application.All screening and processing fees are non-refundable.

RULES AND REGULATIONS
of
FOREST PARK VILLAS HOMEOWNERS ASSOCIATION

GENERAL RULES

(1) No walls, fences or hedges, shrubs or trees except those initially installed shall be permitted without approval in writing by the Board.

(2) No outdoor clothes drying shall be permitted on any of the lots.

(3) All garbage and trash must be placed in securely closed and tied plastic bags prior to disposal in dumpster.

(4) No exterior radio, television, cable or any other electronic antenna and/or wires may be placed upon any unit.

(5) No hurricane and/or storm shutters shall be installed unless approved in writing by the Board.

(6) No change in exterior color of unit may be made unless approved in writing by the Board.

(7) No signs may be displayed without approval in writing by the Board.

(8) The use of recreational facilities shall at all times be subject to such Rules and Regulations as the Board of Directors, in its sole discretion, may establish from time to time.

(9) Any vehicle not parked in compliance with these Rules and Regulations may be removed at the owner's expense, or other means of enforcement available to the Board may be used to obtain compliance. This includes the fining procedure, as set forth herein.

(10) No unit owner or tenant of same shall permit or suffer anything to be done or kept in his unit which will increase the insurance rates of his unit or the common elements, or which will obstruct or interfere with the rights of other unit owners, or disturb them by unreasonable noises or otherwise, or permit or commit any nuisance, immoral or illegal act in his unit or upon the common elements.

PARKING RULES

(1) The parking or storage of commercial vehicles, motor homes, trucks in excess of 1/2 ton, campers and travel or other trailers, or boats and trailers is prohibited.

(2) No repair work will be permitted on the Association premises. Only work of an emergency nature will be tolerated.

(3) All driveways, entrances must be kept clear.

(4) Speed limit is 10 MPH on the premises.

cont'd....

RULES AND REGULATIONS
of
FOREST PARK VILLAS HOMEOWNERS ASSOCIATION

PARKING RULES (cont'd.)

(5) No abandoned or inoperable vehicles are permitted. Abandoned or inoperable is defined herein to include, but not limited to, vehicles which cannot move under their own power, vehicles with tires missing, with glass shattered, or those vehicles which have not been moved for a period of ten (10) days without prior notice to the Association of an extended absence by the unit owner involved.

(6) Each unit is assigned two (2) spaces directly in front of the unit.

(7) No unauthorized person may use any space assigned to others without first obtaining approval of the unit owner.

(8) Guest spaces are provided, and are designated as such.

(9) No parking of vehicles shall be permitted outside of designated unit owner spaces or guest spaces. No double parking of cars shall be permitted.

PET RULES

(1) No animals except as herein provided, livestock or poultry of any kind, shall be raised, bred or kept at any unit.

(2) Dogs, cats, birds and fish may be kept by unit owners as personal pets. However, no such dogs, cats, birds or fish shall be raised for commercial purposes.

(3) All dogs must be on a leash when walked outside of the unit, and shall only be walked outside of the development.

(4) The pet owner shall be responsible for removing to the trash any mess made in any other area immediately.

(5) No pet in excess of 25 pounds will be permitted.

(6) No pet will be permitted if same constitutes a nuisance and interferes with the quiet enjoyment of the premises by the other Association unit owners.

(7) Owner is limited to 2 dogs or 2 cats, or one of each.

POOL AND RECREATIONAL RULES AND REGULATIONS

(1) No children under the age of 10 will be permitted without being accompanied by an adult.

(2) NO RUNNING, SHOVING, or HORSEPLAY at or near pool.

(3) NO PETS in the pool area.

(4) Pool area shall be closed at 10:00 P.M.

cont'd....

POOL AND RECREATIONAL RULES AND REGULATIONS (cont'd.)

(5) No glass or food permitted in pool area.

(6) All bathers must shower before entering pool if using suntan oil and/or lotion.

(7) Guests will be limited to four per unit without prior Board approval.

(8) Swim at your own risk; no lifeguard on duty.

(9) No children in diapers, pampers or of training age will be permitted in pool.

ATLANTIS MANAGEMENT SERVICES, LC
Property Management and Related Services

11011 Sheridan Street, Suite 208
Cooper City, FL 33026
Phone: 954-450-9400
Fax: 954-450-1110

forestpark@atlantis-management.com

FOREST PARK VILLAS HOMEOWNERS' ASSOCIATION, INC.
Resident Information Sheet
Please print clearly

Date:_____

Property Information

Property:_____

Home Phone number for above address:_____

This is a: 2 Bedroom Unit ( ) 3 Bedroom Unit ( ) 4 Bedroom Unit ( ) 6 Bedroom Unit ( )

Is this unit leased? Yes ( ) No ( )

IF YES, A COPY OF THE CURRENT LEASE, DRIVER LICENSE, AND VEHICLE REGISTRATION IS REQUIRED TO BE SUBMITTED WITH THIS FORM.
(NOTE: ON THE DRIVER LICENSE IT MUST HAVE FOREST PARK VILLAS ADDRESS)

If yes, provide the dates in which this current lease commences and terminates:

Commences:_____ **Terminates:**_____

Homeowner Information (those that are listed on deed property):

1. Last Name:_____ **First Name:**_____ **Age:**____

Home:_____**Work:**_____**Cell:**_____

Email#1:_____ **Email#2:**_____

2. Last Name:_____ **First Name:**_____ **Age:**____

Home:_____**Work:**_____**Cell:**_____

Email#1:_____ **Email#2:**_____

3. Last Name:_____ First Name:_____ Age:_____

Home:_____Work:_____Cell:_____

Email#1:_____ Email#2:_____

4. Last Name:_____ First Name:_____ Age:_____

Home:_____Work:_____Cell:_____

Email#1:_____ Email#2:_____

Are you a permanent resident of Forest Park: Yes_____ No_____

If no, provide your mailing address:_____

Tenant Information:

1. Last Name:_____ First Name:_____ Age:_____

Home:_____Work:_____Cell:_____

Email#1:_____ Email#2:_____

2. Last Name:_____ First Name:_____ Age:_____

Home:_____Work:_____Cell:_____

Email#1:_____ Email#2:_____

3. Last Name:_____ First Name:_____ Age:_____

Home:_____Work:_____Cell:_____

Email#1:_____ Email#2:_____

4. Last Name:_____ First Name:_____ Age:_____

Home:_____Work:_____Cell:_____

Email#1:_____ Email#2:_____

5. Last Name:_____ First Name:_____ Age:_____

Home:_____Work:_____Cell:_____

Email#1:_____ Email#2:_____

6. Last Name:_____ **First Name:**_____ **Age:**____

Home:_____**Work:**_____**Cell:**_____

Email#1:_____ **Email#2:**_____

Vehicle Information:

Year:_____**Make:**_____**Model:**_____**Color:**_____**Tag:**_____

Year:_____**Make:**_____**Model:**_____**Color:**_____**Tag:**_____

Year:_____**Make:**_____**Model:**_____**Color:**_____**Tag:**_____

Year:_____**Make:**_____**Model:**_____**Color:**_____**Tag:**_____

* MUST SUBMIT ALL VEHICLE REGISTRATION WITH APPLICATION

Are there pets of any kind living in this property? Yes ( ) No ( )

Cat ( ) Dog ( )

Breed:_____ **Weight:**_____ **Color:** _____**Name:**_____

Please attach a color picture of pet.

Other Pets:_____

*Please note all pets must be current with their vaccination. Include a copy of shot records on your veterinary letter head.

Emergency Contacts:

Name:_____ **Phone Number:**_____

Name:_____ **Phone Number:**_____

RESIDENTIAL SCREENING AUTHORIZATION FORM

Print Name:_____ **Sex:**_____

Address:_____

City:_____ **State:**_____ **Zip:**_____

Social Security Number:_____ **Date of Birth:**_____

I give my authorization to this landlord, AccuData Inc, or any party or agency contacted by this landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicles and other history. I understand that inquiries may be made to various federal and state agencies, employers and references.

Applicant Signature:_____ **Date:**_____

RESIDENTIAL SCREENING AUTHORIZATION FORM

Print Name:_____ **Sex:**_____

Address:_____

City:_____ **State:**_____ **Zip:**_____

Social Security Number:_____ **Date of Birth:**_____

I give my authorization to this landlord, AccuData Inc, or any party or agency contacted by this landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicles and other history. I understand that inquiries may be made to various federal and state agencies, employers and references.

Applicant Signature:_____ **Date:**_____

FOREST PARK VILLAS
HOMEOWNERS ASSOCIATION, INC.

Application for Occupancy

Date:_____ **Desired Date of Occupancy:**_____

This application is for: Lease ( ) Purchase ( ) Address:_____

Realtors Name:_____ **Phone:**_____

YOUR NAME: Last:_____ First:_____ MI:_____

SSN:_____ **DOB:**_____ **Phone:**_____

Driver's License#:_____ **State:**_____

MARITAL STATUS: Married ( ) Separated ( ) Divorced ( ) Single ( )

SPOUSE'S NAME: Last:_____ First:_____ MI:_____

SSN:_____**DOB:**_____**PHONE:**_____

Driver's License#: _____**State:**_____

Number of people who will occupy the unit ___ List children under 18 years of age who will occupy:

Name:_____ **Age:**___ **Name:**_____ **Age:**___

Name:_____ **Age:** ___ **Name:** _____ **Age:**___

PETS: Yes ( ) No ( ) If Yes, how many?____ **Cat ( ) Dog ( )**

Breed:_____ **Weight:**_____ **Color:** _____**Name:** _____

VEHICLES

Make:_____ **Model:**_____ **Color:**_____ **Tag:**_____ **State:**____

Make:_____ **Model:**_____ **Color:**_____ **Tag:**_____ **State:**____

Make:_____ **Model:**_____ **Color:**_____ **Tag:**_____ **State:**____

Make:_____ **Model:**_____ **Color:**_____ **Tag:**_____ **State:**____

RESIDENCE HISTORY

Own ( ) Rent ( ) PRESENT ADDRESS:_____

City: _____ **State:**_____ **Zip:**_____ **From:**_____ **To:**_____

Name of Landlord:_____ **Phone:**_____

Own ( ) Rent ( ) PREVIOUS ADDRESS:_____

City: _____ **State:**_____ **Zip:**_____ **From:**_____ **To:**_____

Name of Landlord:_____ **Phone:**_____

EMPLOYMENT HISTORY

ARE YOU: Self employed? Yes ( ) No ( ) Retired? Yes ( ) No ( )

If yes, give your Company's name or your last employer as applicable.

YOUR EMPLOYER: _____ **From:**_____ **To:**_____

City:_____ **State:** _____ **Zip:**_____ **Phone:**_____

Dept or Position:_____ **Supervisor:**_____ **Monthly Income:** _____

PREVIOUS EMPLOYER: _____ **From:**_____ **To:**_____

City:_____ **State:** _____ **Zip:**_____ **Phone:**_____

Dept or Position:_____ **Supervisor:**_____ **Monthly Income:** _____

SPOUSE'S EMPLOYER: _____ **From:**_____ **To:**_____

City:_____ **State:** _____ **Zip:**_____ **Phone:**_____

Dept or Position:_____ **Supervisor:**_____ **Monthly Income:** _____

PREVIOUS EMPLOYER: _____ **From:**_____ **To:**_____

City:_____ **State:** _____ **Zip:**_____ **Phone:**_____

Dept or Position:_____ **Supervisor:**_____ **Monthly Income:** _____

REFERENCES (NO FAMILY MEMBERS)

Name:_____ **Home Phone:**_____

Address:_____ **Office Phone:**_____

Name:_____ **Home Phone:**_____

Address:_____ **Office Phone:**_____

Name:_____ **Home Phone:**_____

Address:_____ **Office Phone:**_____

Name:_____ **Home Phone:**_____

Address:_____ **Office Phone:**_____

Bank Reference:_____ **Phone:**_____

City:_____ **State:**_____ **Monthly Income:**_____

Have you ever been arrested and convicted for anything other than a minor traffic offense?
Yes ( ) **No** ( ) If yes, Please explain:

_____

_____

Application represents that all information given is true and correct, and understand that as part of our procedure for processing your application, a Screening Consultant, **ACCUDATA**, will make an investigation from the information give and present their findings to us for review. This investigation may include, but not limited to, character, general reputation, credit, residence, drivers license and criminal search. Applicants agree not to hold the Association or its Screening Consultant liable for the discovery or non-discovery of information or any actions taken as a result of this investigation. Authorization is hereby given to release banking, credit, residence, employment and other information pertinent to this application.

Your Signature:_____ **Spouse's Signature:** _____