

THE PINES-A CONDOMINIUM

C/O Acclaim Management

4360 W Oakland Park Blvd, Lauderdale Lakes, FL 33313 Phone: (954)640-6100 Fax: (954)640-0681

Email: info@acclaimcares.com

LEASE/PURCHASE APPLICATION

Today's Date: _____

Closing Date: _____

Address Applying for: _____

APPLICATION FEE IS \$100.00 per Applicant or \$125 Per Married Couple, PAYABLE TO: ACCLAIM MAMANGEMENT.

This is a NON-REFUNDABLE FEE

MONEY ORDERS OR CHECKS ONLY – NON-REFUNDABLE

RETURN ORIGINAL APPLICATION PACKAGE, COMPLETELY FILLED OUT:

(PHOTO COPIES, SCANNED/E-MAILED COPIES OR FAXED COPIES ARE NOT ACCEPTED.)

APPLICATION CAN TAKE UP TO 30 DAYS TO PROCESS

____ FRONT PAGE (PAGE 2) FILLED OUT COMPLETELY. NO BLANKS.

____ AUTHORIZATION BACKGROUND SHEET FILLED OUT AND SIGNED BY ALL APPLICANTS.

____ PURCHASE/RENTAL CRITERIA

____ BASIC RULES AND REGULATIONS.

____ PROOF OF INCOME (\$35,000 PER PERSON ANNUALLY) AND 2 MONTHS BANK STATEMENTS OR TAX RETURN

____ OWNER CAR INFORMATION SHEET COMPLETELY FILLED OUT AND ATTACH COPY OF CAR REGISTRATION

____ COPY OF PICTURE ID.

____ LEASE OR PURCHASE CONTRACT MUST BE INCLUDED

____ INTERNATIONALS- PLEASE PROVIDE CREDIT AND BACKGROUND HISTORY. IF International Background Check is required, cost of background check will vary from country to country, as well as time to process it.

For Office Use Only:

INTERVIEW REQUIRED: _____ DATE SCHEDULED: _____

RECEIVED APPLICATION FEES FROM ALL APPLICANTS: _____

*****AUTHORIZATION FORM*****

I/We hereby authorize **Acclaim Management, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy specifically my credit history, residential history, criminal record history, employment verification and character references.

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 to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. The information received by Acclaim Management, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, 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 legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and that all answers and information contained on the Application for Occupancy are true and correct and will hold Acclaim Management, Inc. harmless from the result of the investigation.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

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Email: info@acclaimcares.com

YOU MAY NOT MOVE INTO THE UNIT UNTIL APPROVED BY THE BOARD OF DIRECTORS.

IMPORTANT

If your application is incomplete, it will be returned to you by mail along with any fee you may have submitted, as well as a list of missing items.

You may then complete the application and re-submit it together with the required fee(s).

Please provide the name and address which you would like us to use if the application is incomplete and must be returned to you.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alt. #: _____

E-Mail: _____

PURCHASE/RENTAL OF: _____

If you do not fill out the information above, we will use the best address available on the application that was submitted.

All fees must be in the form of money orders or checks.

Please Note: The application process takes up to 30 days. The 30-day time period **does not** start until the application is **complete**. Incomplete paperwork will result in the delay of the application process.

****DELIVER TO: 4360 W Oakland Park Blvd. Lauderdale Lakes, FL 33313****

Acclaim Management does business in accordance with the Fair Housing Act and does not discriminate based on race, creed, color, sex, religion, national origin, age, disability, marital status, familial status, sexual orientation, or any other protected basis.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

THE PINES-A CONDOMINIUM

PURCHASE/RENTAL CRITERIA

APPLICATION PROCESS: Please allow thirty (30) business days for your application to be approved. Applicants must be 18 years of age or older to apply for residency. A valid driver's license or a government issued photo ID is required. Interview will be required for all Buyers on application. **Money orders or checks only. NON-REFUNDABLE.**

EMPLOYMENT HISTORY: You must provide complete employment information. New hires may be required to provide a new hire letter on company letterhead stating new hire date, job title and income. Self-employed persons will be required to provide recent personal tax return or a letter from the company accountant stating annual income. Corporate tax returns are not acceptable.

VEHICLES: All vehicles on the property must have current license tags and be in operable condition. All vehicles must be in their designated parking. Guest parking shall be on the first come-first served basis. Any vehicles not in their designated area will be towed at the owners' expense.

CREDIT: Credit History should be favorable. Must have a 620 FICO score. Poor credit after bankruptcy is not acceptable.

CRIMINAL HISTORY: Persons convicted of a felony or misdemeanors will be Evaluated by the Board of Directors and could be grounds for rejection.

PURCHASE/MORTGAGE HISTORY: All purchase and mortgage history must be favorable. Evictions, poor references, and foreclosures are not acceptable.

SOCIAL SECURITY NUMBERS: Persons who do not have social security numbers must provide a Visa, Visa Waiver or Resident Alien Card, and must provide an international background check.

NO PETS ARE ALLOWED

IF LANDLORD DEFAULTS ON ASSOCIATION DUES, THE TENANT OF THE UNIT IS REQUIRED TO PAY RENT DIRECTLY TO THE ASSOCIATION UNTIL ACCOUNT IS CURRENT

Any applicant who falsifies information on his or her application will not be accepted for residency or may be subject to immediate lease or termination. THE PINES-A CONDOMINIUM, ASSOCIATION does business in accordance with the Equal Housing Opportunities Law and does not discriminate against any person because of race, color, religion, gender, handicap, familial status or national origin.

Applicant acknowledges reading and understanding the above criteria and is aware that their application will be submitted for a background check.

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____

Proposed New Address: _____
Unit: _____ **City:** _____ **State:** _____ **Zip:** _____

Applicant

Full Name: _____ Date of Birth: _____ Social Security#: _____
Current Address: _____ City/State: _____ Zip: _____
Phone #: _____ E-Mail Address: _____
Dates at Residence: _____ to _____
Reason for leaving: _____
Occupation: _____
Nature of Business: _____
Employer: _____
Address of employer: _____
Position Held: _____ Period of employment: _____ to _____
Prior employer and position if less than 3 years: _____
Income estimate for this year: _____ Actual income last year: _____
Educational Background: _____
Driver License #: _____

Co-Applicant

Full Name: _____ Date of Birth: _____ Social Security#: _____
Current Address: _____ City/State: _____ Zip: _____
Phone #: _____ E-Mail Address: _____
Dates at Residence: _____ to _____
Reason for leaving: _____
Occupation: _____
Nature of Business: _____
Employer: _____
Address of employer: _____
Position Held: _____ Period of employment: _____ to _____
Prior employer and position if less than 3 years: _____
Income estimate for this year: _____ Actual income last year: _____
Educational Background: _____
Driver License #: _____

Additional Information

Names of persons who will reside in Apartment: Circle if person will be residing or renting the unit.

Name: _____ Relationship: _____ AGE: _____

Is this person: **Residing/Renting?**

Name: _____ Relationship: _____ AGE: _____

Is this person: **Residing/Renting?**

Name: _____ Relationship: _____ AGE: _____

Is this person: **Residing/Renting?**

Name: _____ Relationship: _____ AGE: _____

Is this person: **Residing/Renting?**

Names of anyone in the building known to Applicant:

Personal References**Applicant**

1. Name: _____ Address: _____
Phone #: _____ Cell # _____ Work # _____
2. Name: _____ Address: _____
Phone #: _____ Cell # _____ Work # _____

Co-Applicant

1. Name: _____ Address: _____
Phone #: _____ Cell # _____ Work # _____
2. Name: _____ Address: _____
Phone #: _____ Cell # _____ Work # _____

Emergency Contact

Name: _____ Relationship: _____ Do they have a Key: _____
Address: _____ City/State _____ Zip _____
Phone #: _____ Cell # _____ Work # _____

Business and Professional References**Applicant**

1. Name: _____ Address: _____
Phone #: _____ Cell # _____ Work # _____
2. Name: _____ Address: _____
Phone #: _____ Cell # _____ Work # _____

Name of Realtor, Title Company, or Attorney who is handling this transaction:

Name: _____ Phone #: _____ Cell # _____
Address: _____ Email _____

I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. APPLICANT AGREES TO OBTAIN THE HOA ASSOCIATION DOCUMENTS BOOK FROM THE OWNER / SELLER, REVIEW IT AND AGREE TO COMPLY WITH ALL THE TERMS OF IT. **SUBLEASING IS NOT PERMITTED/LEASING WITH OPTION TO PURCHASE** IS NOT PERMITTED. LEASE RENEWALS MUST BE MADE BEFORE CURRENT LEASE EXPIRES TO AVOID ADDITIONAL APPLICATION FEE. BUYER BECOMES RESPONSIBLE FOR ANY AND ALL OUTSTANDING BALANCES AFTER THE CLOSING

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Internal use

Owner Currently Owes: Amount \$ _____ as of ____ / ____ / ____ By _____

Circle one: Approved Disapproved

Reason of Disapproval: _____

Print Name and Position

Signature

**BASIC RULES AND REGULATIONS
ACKNOWLEDGEMENT**

THE PINES A CONDOMINIUM

Address: _____

I / WE HAVE REVIEWED THE CONDOMINIUM DOCUMENTS AND FULLY UNDERSTAND EACH OF THE RULES AND REGULATIONS AND WILL ABIDE BY THEM WHILE LIVING OR VISITING LAKEVIEW SOUTH-A CONDOMINIUM.

I / WE FURTHER UNDERSTAND THAT VIOLATING THE RULES AND REGULATIONS COULD RESULT IN RECEIVING A LETTER OR A FINE FROM THE ASSOCIATION.

I / WE ARE AWARE THAT THE HOURS OF MOVE IN ARE 9:00AM – 5:00PM MONDAY – FRIDAY, 8:00AM – 8:00PM SATURDAY AND SUNDAY.

I/WE ARE AWARE NO PETS ARE ALLOWED

I/WE ARE AWARE ALL VEHICLES ON THE PROPERTY MUST HAVE CURRENT LICENSE TAGS AND BE IN AN OPERABLE CONDITION. IF YOU ARE PARKED IN ANOTHER OWNER ASSIGNED PARKING SPACE, CARS WILL BE TOWED AT OWNER'S EXPENSE.

I / WE ARE AWARE THAT ASSESSMENTS ARE DUE IN FULL ON THE 1ST DAY OF EACH MONTH IN ACCORDANCE WITH THE PROPERTY DOCUMENTS. ANY PAYMENTS RECEIVED TEN (10) DAYS AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

SIGNATURE

PRINT NAME

SIGNED ON THIS DATE: _____

SIGNATURE

PRINT NAME

SIGNED ON THIS DATE: _____

A COPY OF RULES AND REGULATIONS WAS PROVIDED TO
APPLICANTS

Car Information Sheet

Date: _____

Unit address: _____

City: _____ State: _____ Zip: _____

Applicant #1: _____

Phone #: _____ Alt #: _____

Email: _____

Make and model of Car: _____

Year: _____ Color: _____ Tag #: _____

Applicant #2: _____

Phone #: _____ Alt #: _____

Email: _____

Make and model of Car: _____

Year: _____ Color: _____ Tag #: _____

**** OWNERS AND TENANTS MUST OBTAIN CAR DECALS****

PICTURE ID AND SOCIAL SECURITY CARD
HERE

PICTURE ID

SOCIAL SECURITY CARD

COPY OF LEASE/ PURCHASE CONTRACT
FOLLOW THIS PAGE