

APPLICATION FOR LEASE IN CITY PLACE TOWNHOMES PROPERTY OWNERS ASSOCIATION

Dear Applicants(s)

Attached are the forms required by the Board of Directors of City Place Townhouses Property Owners Association to aid in the submission of required information, please use the following check list:

1. This application, an application for approval and authorization forms must be complete in detail by each proposed adult occupant, other than husband/ wife or parent/ wife or parent/ dependent child (which are considered one applicant.)
2. We will return as "incomplete any forms that are not fully and legibly filled in, delaying the approval process.
3. The completed application must be submitted to Southern Shores Management at 6801 Lake Worth Rd Suite 111 Greenacres FL 33467 at least 14 business days before your closing.
4. An approval of all applicants over 18 years of age must be received before occupancy takes place
5. **OCCUPANCY PRIOR TO APPORVAL IS STRICTLY PROHIBITED**
6. Use of the unit is single family residence only
7. No more than 2 pets (Cat or Dog) per unit weighing no more than 50 pounds each.
8. Read and sign top portion of acknowledgement form.
9. Completely fill out and sign the application for occupancy/ approval form.
10. Attach a non-refundable \$150.00 money order made payable to Southern Shores Management. International backgrounds may take more time and be assessed an additional fee.
11. Enclose a signed executed copy of your lease agreement.
12. Enclose a photocopy of applicant(s) driver's license and valid vehicle registration(s).

HOUSE #: _____

Applicant Release for City Place Townhouses Property Association

(Application and fee must be completed for each adult living in the unit.)

Please fill out form completely and deliver to Southern Shores Management

In connection with for employment or residency, I understand that investigative background inquires are to be made on me including consumer credit, criminal convection, motor vehicles and other reports. Further I understand that Fidelity Data Services, inc. will be requesting information from various state and other agencies which maintain records about my history. These records include but are not limited to driving, credit, criminal and civil history.

I authorize any party or agency contacted by Fidelity Data Services, Inc. to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

Applicant Signature

Date

Please Print Clearly:

Print Full Name: _____

Male/ Female Married/ Single

Print Other names you have used: _____

Date of Birth: _____ Social Security #: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Current Drivers License #: _____ Issuing State: _____

Number of years lived in Florida: _____ Race: _____ * Race will only be used for criminal history searches

Current Occupation: _____

Telephone: _____

Home

Work

Cell

Spouse: _____

Last

First

Middle

Date of Birth: _____ Social Security #: _____

Current Drivers License #: _____ Issuing State: _____

Children: _____

Name Relationship Age

Name Relationship Age

Child/ Occupant: _____

Name Relationship Age

Name Relationship Age

Vehicle # 1 _____ #2 _____

Year Make Model Tag#

Year Make Model Tag #

Emergency contact: _____

Name

Telephone#

NOTE APPLICATION WILL NOT BE PROCESSED UNTIL ENTIRE APPLICATION IS FILLED OUT AND APPLICATION FEE IS RECEIVED. MONEY ORDER OF \$150 OR A PAYMENT BY CREDIT CARD OF \$165 MADE PAYABLE TO SOUTHERN SHORES MANAGEMENT

City Place Townhouses Property Owners Association

C/o Southern Shores Management Inc.

6801 Lake Worth Rd Suite 111

Greenacres FL 33467

Office: 561-460-2619 Fax: 1-888-582-3876

VISUAL IDENTITY FORM FOR DOGS

*****NO MORE THAN 2 PETS PER UNIT NOT WEIGHING MORE THAN 50 POUNDS EACH*****

- Please fill one form out per pet
- Please attach a picture of the pet.

Name: _____ Address: _____

Pet Name: _____ Breed: _____

Height: _____ Weight: _____

CITY PLACE TOWNHOMES PROPERTY OWNERS ASSOCIATION

ACKNOWLEDGEMENT

I understand that the Board of Directors of the City Place Town Homes POA may cause to be instituted an investigation of my background as the Board may deem necessary.

Accordingly, I specifically authorize the Board of Directors or Management to make such an investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers, and Management if the City Place Townhomes POA, itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of the City Place Townhomes POA will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

Applicant's Signature _____

Applicant's Signature _____

Date _____

City Place Town Houses POA Application

INFORMATION ON UNIT TO BE PURCHASED OR LEASED

Application Date: _____

Address of Unit: _____

Lease Start Date: _____

Current Owners Name: _____

Current Owners Address: _____

City, State, Zip: _____

Current Owners' Phone #: _____

Realtor information on unit to be leased if applicable

Name of Real Estate Agency: _____

Agency Phone#: _____ Fax#: _____

Name of Agent: _____

Agent Phone# _____ Cell _____

FIDELITY DATA SERVICE

PURCHASE/LEASE

AUTHORIZATION OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize Fidelity Data Service to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of my occupancy.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Fidelity Data Service by and through its' independent contractor, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Fidelity Data Service, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq. and Cal. Civ. Code § 1786.

PLEASE PRINT OR TYPE

Signature: _____

Print Name: _____ Date: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY (PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER *

**DRIVER'S LICENSE NUMBER
& STATE ***

DATE OF BIRTH*

GENDER* (M or F)

LAST NAME

FIRST NAME

MIDDLE NAME

OTHER NAMES USED (alias, maiden, nickname)

YEARS USED _____

CURRENT STREET ADDRESS

CITY

STATE

ZIP

DATES LIVING HERE _____

LANDLORD NAME & PHONE _____

***Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.**

PLEASE LIST ALL ADDRESSES FOR LAST SEVEN (7) YEARS

(If you need additional space please use the back of this form)

STREET

CITY

STATE

ZIP

DATES LIVED HERE _____

LANDLORD NAME & PHONE _____

STREET/P.O. BOX

CITY

STATE

ZIP

DATES LIVED HERE _____

LANDLORD NAME & PHONE _____

STREET/P.O. BOX

CITY

STATE

ZIP

DATES LIVED HERE _____

LANDLORD NAME & PHONE _____

