

# AQUAMAR LAS OLAS CONDOMINIUM ASSOCIATION INC

## APPLICATION FOR SALE/LEASE APPROVAL

This application must be completed in detail by the proposed buyer or lessee and returned to:

### **Aquamar Las Olas Condominium Association Inc**

c/o Allied Property Management Group, Inc.  
1711 Worthington Road, Ste 103  
West Palm Beach, FL 33409

1. \_\_\_\_\_ A non-refundable application fee in the form of money order or cashier's check in the amount of \$150.00 (per applicant, 18 years of age or older) made payable to: **ALLIED PROPERTY MANAGEMENT GROUP, INC.** (a copy of marriage certificate may be requested).
  - a. An additional one hundred (\$250.00 total - made payable to: ALLIED PROPERTY MANAGEMENT GROUP, INC) is required per applicant if of foreign nationality and holds no U.S. Social Security Number.

**Please note:** All checks must be in the form of money order or cashier's check ONLY.

2. \_\_\_\_\_ Legible copy of each applicant's valid driver's license or government issued picture ID.
3. \_\_\_\_\_ Legible copy of all vehicle registration that will be parked in the community.
4. \_\_\_\_\_ Signed Authorization and Consent for Release of Information Form.
5. \_\_\_\_\_ An executed copy of the sales Contract or Lease Agreement.
6. \_\_\_\_\_ Pet information: photograph and vaccination records.

**\*Please do not schedule a closing or occupy unit until you have been approved by the board and issued a certificate.**

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\*Applicant(s) will be contacted once the board has made a decision. **Note: the board has up to thirty (30) days to make the final decision.** You may follow up via email to: **applications@alliedpmg.com.** Please include the following subject line (ALO/ Applicants Last Name – Property address) in your email(s).



ALO

PROPERTY ADDRESS: \_\_\_\_\_

**Applicant 1**

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Cellular: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Current Rent: \_\_\_\_\_

Current Address: \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_ How Long: \_\_\_\_\_

Landlord: \_\_\_\_\_ Ph: \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Previous Residence 1: \_\_\_\_\_

How Long: \_\_\_\_\_ Reason for moving: \_\_\_\_\_ Landlord: \_\_\_\_\_

Development/Community: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Ph: \_\_\_\_\_ Income: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Ph: \_\_\_\_\_ Income: \_\_\_\_\_

Addr: \_\_\_\_\_ Supr: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Applicant 2**

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Cellular: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Current Rent: \_\_\_\_\_

Current Address: \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_ How Long: \_\_\_\_\_

Landlord: \_\_\_\_\_ Ph: \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Previous Residence 1: \_\_\_\_\_

How Long: \_\_\_\_\_ Reason for moving: \_\_\_\_\_ Landlord: \_\_\_\_\_

Development/Community: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Ph: \_\_\_\_\_ Income: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Ph: \_\_\_\_\_ Income: \_\_\_\_\_

Addr: \_\_\_\_\_ Supr: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**OTHER OCCUPANTS THAT WILL RESIDE WITH YOU**

<i>Name</i>	<i>DOB</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Pets**

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
 Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

**Vehicles to be Parked at Residence**

Vehicle #1: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag#: \_\_\_\_\_ Yr: \_\_\_\_\_  
 Vehicle #2: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag#: \_\_\_\_\_ Yr: \_\_\_\_\_

**References (Not Related)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Has any applicant ever been:  Evicted  Lost part/all security deposit  Had lease terminated  
 Give detail: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I (we) agree to abide by the Declaration of Covenants, Conditions and Restrictions and Amendments thereto, of the governing Association.  
 I (we) fully authorize an investigation, if necessary, of all answers and references given. Accordingly, I specifically authorize Allied Property Management Group, Inc., its principals, managers or agents to make such investigation and agree that the information contained in this application may be used in such investigation and Allied Property Management Group, Inc., its principals, manager or agents 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 Allied Property Management, Inc., its principals, managers or agents.

I (we) understand that should the landlord enter into a lease with me (us), and I have provided false information on this application, I (we) will be subject to having my (our) lease terminated at the landlord's option, and have my (our) full security deposit forfeited as compensation for damages.

**Notice:** Unless agreed otherwise in writing, the Property remains on the market until a lease is signed and Landlord may continue to show the Property to other prospective tenants and accept another offer.

_____ Signature of Applicant	_____ Signature of Applicant
_____ Date Signed	_____ Date Signed



**APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

This release and authorization acknowledges that **Allied Property Management Group, Inc.**, may now, or any time while I am renting, conduct a verification of my current and previous tenant history, current and previous employment, credit history, contact personal references, and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the Tenant requirements. The results of this verification process will be used to determine tenant eligibility under **Allied Property Management Group, Inc.**, tenant policies.

I authorize **Background Info USA** and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative **Allied Property Management Group, Inc.**

**I have read and understand this release and consent, and I authorize the background verification.** I authorize persons, schools, current and former employers, current and former landlords and other organizations and Agencies to provide **Background Info USA** with all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY