

# Cypress Lake at Winston Park

## **PURCHASE/RENTAL APPLICATION PROCEDURES AND REQUIREMENTS:**

This application is subject to approval. Fill out the attached Purchase/Rental Information Form and submit to:

### **CYPRESS LAKE AT WINSTON PARK**

c/o Allied Property Management Group, Inc.  
1711 Worthington Road, Suite 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 \$200.00 (per applicant, 18 years of age or older) made payable to: **ALLIED PROPERTY MANAGEMENT GROUP, INC.** Married couples eligible to only \$200.00 fee (marriage certificate may be requested).
  - a. **No** Corporations, LLC or other entities permitted to Purchase or Rent. **Please note:** An additional hundred (\$300.00 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.
  - b. **Rentals** – Owners must reside two years before permitted to rent unit. ***(Only immediate family members of the current owner may occupy prior to the 2 two year rental restriction).***
2. \_\_\_\_\_ Legible copy of each applicant's valid DL or government issued picture ID for everyone (18 years of age or older) who intends to live at this address.
3. \_\_\_\_\_ Signed APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION form.
4. \_\_\_\_\_ Executed copy Purchase Agreement or Signed Lease Agreement.

**Please note:** applications must be turned in complete. All must check / initial next to each item above to ensure you are submitting all required documentation prior to mailing or dropping off.

**\*PLEASE do not schedule closing or occupy 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. If you have not heard anything after 14 days, you may follow up via email to: Applications@alliedpmg.com Please include the following subject line (CLW/ Applicants L.Name – Property address) in your email(s).

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**READ FIRST: Complete ALL questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or denied. Missing information will cause delays. Once submitted, order can be cancelled but all fees are NON-Refundable.**

PROPERTY ADDRESS: \_\_\_\_\_ Unit # \_\_\_\_\_  
Purchase \_\_\_\_\_ OR Lease/Rental \_\_\_\_\_ Lease Dates: \_\_\_\_\_ - \_\_\_\_\_

Realtor: \_\_\_\_\_ Contact# & Email: \_\_\_\_\_

**Please Print**

***Applicant 1***

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

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: \_\_\_\_\_ Mthly Income: \_\_\_\_\_

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

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Position: \_\_\_\_\_

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

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

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Position: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Date(s): \_\_\_\_\_

County/State Convicted in \_\_\_\_\_

Charges: \_\_\_\_\_

By signing the applicant recognizes that the Association and Allied Property Management Group, Inc. will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of the Board of CYPRESS LAKE AT WINSTON PARK ASSOCIATION

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



**READ FIRST: Complete ALL questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or denied. Missing information will cause delays. Once submitted, order can be cancelled but all fees are NON-Refundable.**

***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: \_\_\_\_\_ Mthly Income: \_\_\_\_\_

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

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Position: \_\_\_\_\_

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

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

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Position: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Date(s): \_\_\_\_\_

County/State Convicted in \_\_\_\_\_

Charges: \_\_\_\_\_

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Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



**READ FIRST: Complete ALL questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or denied. Missing information will cause delays. Once submitted, order can be cancelled but all fees are NON-Refundable.**

***Applicant 3***

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: \_\_\_\_\_ Mthly Income: \_\_\_\_\_

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

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Position: \_\_\_\_\_

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

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

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Position: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Date(s): \_\_\_\_\_

County/State Convicted in \_\_\_\_\_

Charges: \_\_\_\_\_

By signing the applicant recognizes that the Association and Allied Property Management Group, Inc. will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of the Board of CYPRESS LAKE AT WINSTON PARK ASSOCIATION

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**OTHER OCCUPANTS THAT WILL RESIDE WITH YOU (over 18yrs old is considered an applicant)**

Name	DOB	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Pets- SEE PET REGISTRATION FORM**

**Vehicles**

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

**Character References (Not Related) Minimum of two**

\*Please notify Character References that we will be contacting them to obtain a reference\*

Name: _____	Address: _____
Relationship: _____	Phone: _____
Name: _____	Address: _____
Relationship: _____	Phone: _____
Name: _____	Address: _____
Relationship: _____	Phone: _____
Name: _____	Address: _____
Relationship: _____	Phone: _____

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

**BANK REFERENCES**

**\*Include a recent copy of a bank statement to expedite processing\***

A. Bank Name _____	Checking Acct. # _____	Phone _____
Address _____		Fax _____
B. Bank Name _____	Savings Acct. # _____	Phone _____
Address _____		Fax _____

**Emergency Contact:** Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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.

Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**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 own or 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 Owner/Tenant requirements. The results of this verification process will be used to determine Owner/Tenant eligibility under **Allied Property Management Group, Inc.**, tenant policies.

I/We authorize **Active Screening** 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.** These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

**I/We 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 **Active Screening** 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. You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Active Screening 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5580. For information about Active Screening's privacy practices, see [www.activescreening.com](http://www.activescreening.com).

**ACKNOWLEDGEMENT AND AUTHORIZATION**

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_ If No US SS# fill out below:

FOREIGN CITY/PROVIDENCE/COUNTRY OF BIRTH: \_\_\_\_\_ PASSPORT # \_\_\_\_\_

Co- Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_ If No US SS# fill out below:

FOREIGN CITY/PROVIDENCE/COUNTRY OF BIRTH: \_\_\_\_\_ PASSPORT # \_\_\_\_\_

Co- Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_ If No US SS# fill out below:

FOREIGN CITY/PROVIDENCE/COUNTRY OF BIRTH: \_\_\_\_\_ PASSPORT # \_\_\_\_\_

# CYPRESS LAKE AT WINSTON PARK ASSOCIATION

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

## PET REGISTRATION FORM

Address: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Pet Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Veterinarian: Name and phone #: \_\_\_\_\_

**YOU MUST PROVIDE A RECORD OF YOUR PETS CURRENT VET RECORDS**

### Rules & Regulations:

- 1) **Incessant barking dogs are not acceptable.** Please respect your neighbors by adhering to this. **Please do not allow your dogs to urinate in common areas. (i.e.: Parking Lots, Walkways, Stairwells, or the bushes lining these areas. Please pick up after your dogs.**
- 2) No Aggressive Breeds, No pit bull terrier, pit bull terrier mix, or any other dog of mean or violent temperament, or otherwise evidences such temperament.
- 3) All pets must be registered and approved by the Association.
- 4) Proof of all required vaccinations must be provided. Current rabies tag # \_\_\_\_\_
- 5) Proof of updated Shots will be required annually.
- 6) Current photograph of your pet must be provided.
- 7) Owner(s) agree to abide by pet regulations established by the Governing Documents.
- 8) No pet shall be tied out of the exterior of the unit or left unattended on the patio or common area.
- 9) No pet shall be permitted outside except on a leash not to exceed 6 ft on CYPRESS LAKE AT WINSTON PARK ASSOCIATION property.
- 10) All pets must be cleaned up after, regardless of the size of the feces or location where deposited. Urination and feces in the courtyard or any CYPRESS LAKE AT WINSTON PARK ASSOCIATION property is prohibited. If your animal has an accident, wash down the urine with water and pickup feces immediately. Continued issues will result in a violation which may result in eviction.
- 11) Any stray cats on property may be trapped and taken away if the board sees fit.
- 12) You must notify your property manager in writing of all deaths & new arrival of pets.

**I have read and agree to the rules and regulations regarding pets. I agree to provide the Association with copies of the vaccination papers by a veterinarian, along with a photo and agree to follow the above states rules.**

Signature of Pet Owner: \_\_\_\_\_ Date: \_\_\_\_\_ Co-Pet Owner: \_\_\_\_\_ Date: \_\_\_\_\_