DANIA BEACH HOMEOWNER'S ASSOCIATION

PURCHASE/RENTAL APPLICATION PROCEDURES AND REQUIREMENTS:

This application must be filled out completely and submit to:

DANIA BEACH HOMEOWNER'S ASSOCIATION

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

	rchasing under a business entity the application must be filled out with said personas signer for y. Proof of authorized signer required such as a print out from Sunbiz.org
1)	Non-refundable application fee in the form of money order or cashier's check in the amount of \$150.00 (per person over the age of 18 {applicant}) made payable to: ALLIED PROPERTY MANAGEMENT GROUP, INC. Married couples eligible to only \$150.00 fee (marriage certificate will be required if last names differ).
	Please note: An additional hundred (\$250.00 per person) of Foreign Nationality with no US Social Security number - made payable to: <u>ALLIED PROPERTY MANAGEMENT</u> <u>GROUP, INC)</u> is required per applicant if of Foreign Nationality and holds no U.S. SocialSecurity Number.
	Legible copy of each applicant's valid Driver's License or Government issued Picture ID/Passport for cons residing in the residence over 18 Years of age (applicants).
3)	Copies of ALL Vehicle Registrations & Vehicle Insurance Cards for vehicles that will be parked in the lity.
	Signed APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION form signed rties residing in the residence over the age of 18.
5)	Executed copy of the Purchase Agreement or Signed Lease Agreement.
	ications must be turned in complete. All must check / initial next to each item above to ensure you equired documentation prior to mailing or dropping off. We do not accept applications by
	to 30 days for approval and do not schedule closing or occupy the unit until you have y the board and issued a certificate of approval.
	arranty Deed will need to be provided to the management company after closing to ownership in our records.
	e contacted once the board has made a decision. You may follow up for the status within two (2) applications@alliedpmg.com including the following subject line (DBH/ Applicants Last Name in your email(s).
Applicant(s) Email:	Email:
Agent(s) Email:	Email:

Initials_____Initials____



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 AI			Unit #	
Purchase	_ OR Lease/Renta	I Leas	se Dates:	
Realtor: Contact# & Email:				
	<u>Ple</u>	ease Print		
Applicant 1	Applicant 1 Maiden Name:			
Name:				
DOB:	Social Security		Phone: ()	
Cellular:	Work:	Email:_		
Driver's License Number	er:	State:	Current Rent:	
Previous Residence 1:			zipHow Long: oving: Landlord:_	
Current Employer:		Pn:	Landlord: Phone: Mthly Income: upervisor:	
Previous Employer:		Ph:	Mthly Income:	
Addr:	Supr	: <u> </u>	Reason for Leaving:	
Dates of Employment:	FromTo	Position:		
Have you ever been co	onvicted of a crime?	Date(s):		
County/State Convicted	ni b			
Charges:				
investigate the information Association. The investion characteristics, credit sta	on supplied by the applican gation may be made of the	it, and a full disclosing applicant's chara and mode of livi	Property Management Group, Inc. will osure of pertinent facts will be made to the acter, general reputation, personaling as applicable. This form is for the SOCIATION	
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 Ren	t:			
Current Address:	City,StateZip	How Long:			
Landlord:Ph:	Reason for Moving:				
Previous Residence 1:					
How Long:Reason for moving	g:Landlord:	_			
Development/Community:	Contact:Phone	e:			
Current Employer:	Ph:Mt	thly Income:			
Address:	Supervisor:				
Dates of Employment: FromTo_	Position:				
Previous Employer:	Ph:Mt	thly Income:			
Addr:	Supr:Reason for Leaving:				
Dates of Employment: FromToPosition:					
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 DANIA BEACH HOMEOWNER'S ASSOCIATION					
Applicant Signature:F	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:			me:
DOB:Social Secur	ity	·	_Phone: ()
Cellular:Work:_		_Email:	
Driver's License Number:		State:	Current Rent:
Current Address:	City,S	tate	ZipHow Long:
Landlord: Ph:	Reas	son for Mov	ring:
Previous Residence 1:			
How Long:Reason for r	moving:		_Landlord:
Development/Community:	Cor	ntact:	Phone:
Current Employer:		Ph:	Mthly Income:
Address:		Sup	pervisor:
Dates of Employment: From	ToPos	ition:	
Previous Employer:		Ph:	Mthly Income:
Addr:	Supr:	R	eason for Leaving:
Dates of Employment: From	ToPos	ition:	
Have you ever been convicted of a cri	ime?Date	(s):	
County/State Convicted in			
	ime?Date	(s):	
	the applicant, and a made of the applicar arrest record and mo	full disclos nt's charact de of living	ure of pertinent facts will be made to the er, general reputation, personal as applicable. This form is for the
Applicant Signature:	Printed Name:		Date:

Pets- <u>SEE PET REGISTRAT</u>	-		
Vehicles			
Vehicle #1: Make: Vehicle #2: Make:	Model:	Tag#:	Yr:
Vehicle #2: Make:	Model:	Tag#:	Yr:
Character References (Not Re	elated) Minimum of two		
Name:	Address	: <u> </u>	
Relationship:	Phone: _		
Name:			
Relationship:	Phone:		<u>—</u>
Name:	Address	:	
Relationship.	Phone:		
name.	Address	•	
Relationship:	Phone: _		
Has any applicant(s) ever bee Give detail: Emergency Contact			ease terminated
	A .l		
Name:Relationship:	Address:_ Phone:		
I (we) agree to abide by the Declaration			
I (we) fully authorize an investigation, if n	managers or agents to make such inve	estigation and agree that the inform	ation contained in this applicati
Management Group, Inc., its principals, I may be used in such investigation and A action or claim by me in connection with Management, Inc., its principals, management	the use of the information contained he	erein or any investigation conducte	d by the Allied Property



APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that <u>Allied Property Management Group, Inc.</u>, 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 <u>Allied Property Management Group, Inc.</u>, tenant policies.

I/We 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/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 **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			

DANIA BEACH HOMEOWNER'S ASSOCIATION

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

PET REGISTRATION FORM- ONE FORM PER PET

Address:	Address:Owner Name:				
Pet Type:	Breed:	Weight:	Color:		
Veterinar	ian: Name and phone #:				
	YOU MUST PROVIDE A RECOR	D OF YOUR PETS CURREN	T VET RECORDS		
	Rules	& Regulations:			
1)	Incessant barking dogs are not a to this. Please do not allow your of Walkways, Stairwells, or the bus dogs.	dogs to urinate in commo	n areas. (i.e.: Parking Lots,		
Walkways, Stairwells, or the bushes lining these areas. Please pick up after your dogs. 2) No more than 2 pets per residence. Must be less 100lbs 3) 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. 4) All pets must be registered and approved by the Association. 5) Proof of all required vaccinations must be provided. Current rabies tag #					
Signature	of Pet Owner: Date:	Co-Pet Owner:	 Date:		

7 Initials Initials