

Lakeside Geen Homewoners Association, Inc.

PURCHASE INFORMATION INSTRUCTIONS:

Please complete and submit with all required documentation to:

Lakeside Green Homeowners Association

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

Please note: Form 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 note:** If purchasing under a business entity the application must be filled out with said person as signer for such business entity. Proof of authorized signer required such as a print out from Sunbiz.org.

- 1) _____ No Application fee is required.
- 2) _____ Legible copy of each applicant's valid DL or government issued picture ID.
- 3) _____ Signed INFORMATION form.
- 4) _____ Executed copy of the Purchase Agreement or Signed Lease Agreement.

*** PLEASE do not schedule closing or occupy until you have provided the required information.**

* Once all information has been provided it will be reviewed for completeness. You may follow up for the status within two weeks via email to: **applications@alliedpmg.com** including the _____ following subject line (LG8/ Last Name – Property address) in your email(s).

Applicant(s) Email: _____ Email: _____

Agent Email: _____ Email: _____



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.

Applicant: _____ Date: _____ 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 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