

LANDMARK TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

PURCHASE/RENTAL INFORMATION INSTRUCTIONS:

This application is subject to approval. Please complete and submit with all required documentation to:

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

Please note: applications must be turned in complete. All must check / initial next to each item below 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.

- _____ 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.** Married couples eligible to only \$150 fee (marriage certificate may be requested).
 - **Please note:** An additional 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.
- _____ Legible copy of each applicant's valid DL or government issued picture ID.
- _____ Legible copies of all vehicle registrations that will be parked in the community.
- _____ Signed APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION form.
- _____ Executed copy of the Purchase Agreement or Signed Lease Agreement.

***PLEASE do not schedule closing or occupy until you have been approved by the board and issued a certificate. The board has up to thirty (30) days to make the decision.**

*Applicant(s) will be contacted once the board has made a decision. You may follow up within two weeks via email to: **applications@alliedpmg.com**. Please include the following subject line (LTC/ Applicants Last Name – Property address) in your email(s).



NEW RESIDENT APPLICATION

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 _____ 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: _____ 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 (All vehicles must be registered with the Association)

Vehicle #1: Make: _____ Model: _____ Tag#: _____ Yr: _____
 Vehicle #2: Make: _____ Model: _____ Tag#: _____ Yr: _____

(Provide copies of each vehicle registration)

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.

 Signature of Applicant: Signature of 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.

Co-Applicant Signature

Print Name Clearly

Co-Applicant Signature

Print Name Clearly

Co-Applicant Signature

Print Name Clearly

Date: _____