

Sabal Lakes Phase 4 Homeowners Association, Inc.

RENTAL INFORMATION INSTRUCTIONS:

This application must be filled out completely and submit to:

Sabal Lakes Phase 4 Homeowners Association
c/o Allied Property Management Group
1711 Worthington Rd. Ste 103
West Palm Beach, FL 33409

1) _____ **RENTALS- NO LEASES OVER 1 YEAR**

- 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 are eligible to pay only \$200.00 fee (marriage certificate may be requested).

Please note: An additional one hundred (\$300.00 total per applicant -
➤ 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. Rental Security Deposit of \$500.00 made payable to Sabal Lakes Phase 4 HOA, Inc. **Please Note: This must be paid by LANDLORD**

- 2) _____ Legible copy of each applicant’s valid DL or government issued picture ID.
- 3) _____ Signed APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION form.
- 4) _____ Executed copy of Signed Lease Agreement.
- 5) _____ No open violations and outstanding balances owed.

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

Note: applications must be turned in complete. All must check/initial next to each item below to insure you are submitting all required documentation prior to mailing or dropping off.

*Applicant(s) will be contacted once the board has made a decision. You may follow up for the status via email to: **applications@alliedpmg.com** including the following subject line (SB4/Applicants L.Name-Property address) in your email(s).

Applicant (s) Email: _____ Email: _____

Agent (s) Email: _____ Email: _____



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

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: _____ 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.

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 # _____



International Background Check Required information

ONE FORM PER INTERNATIONAL APPLICANT

*****Please note: International Backgrounds can take up to 4 weeks, you acknowledge this will create delays in your application process*****

Applicant:

Full Legal Name: _____

Mothers Full Legal Name: _____

Country of Origin: _____

Complete (IN COUNTRY) Address: _____

****In-Country of Origin****

Signature of Applicant: _____

Government ID Requirement:

- CPF Number and Copy of Registro Geral Identity Card (preferred)
- Or
- CPF Number and one of the following copies of ID
 - Carteira de Trabalho e Previdência Social (CTPS)
 - Passport
 - Carteira de Habilitação/Carteira de Motorista (Driver's License)
 - Professional License
 - Registro Nacional Migratório (National Migration Registration Card) (RNM)
 - Registro Nacional de Estrangeiros (RNE)
 - Copy of Foreign Passport (only if the candidate has none of the above identification) *

SABAL LAKES PHASE 4 HOA

You application and approval are based on the information provided at the time of application. All occupants 18 years or older are required to be approved by the Association through this application process. In addition, all vehicles that will be parked in the community on a regular basis must be listed and owned by the approved occupant(s) and must be parked in the driveway or if needed one in the garage as required by the community Declaration, Conditions, and Restrictions.

Failure of the owner and tenants to follow these guidelines will result in the board exercising their process of violation to include fining and/or legal action for eviction of the additional occupants as well as non-renewal of the lease for those occupants that were initially approved.

I/We understand the conditions of the approval as stated above and agree to abide by the Declaration, Conditions, and Restrictions of Sabal Lakes Phase 4 HOA.

Applicant Signature and Date

Applicant Signature and Date

Applicant Signature and Date

Applicant Signature and Date