



The Imperial House, Inc.

PURCHASE/RENTAL APPLICATION INSTRUCTIONS:

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

The Imperial House, Inc.
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.

- 1) _____ 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 are eligible to pay only a \$150.00 fee (marriage certificate may be requested)
 - **Please note:** An additional one hundred (\$250.00 total) - made payable to: **ALLIED PROPERTY MANAGEMENT GROUP, INC** is required if of Foreign nationality and holds no U.S. Social Security Number.
- 2) _____ A non-refundable Processing fee in the form of money order or cashier's check in the amount of \$50.00 made payable to: **The Imperial House, Inc.**
 - **LEASING** – Max 2 Rentals per year, per unit.
 - **LEASING** – Lease renewal request must be submitted 60 days prior to renewal.
- 3) _____ A non-refundable occupancy fee of \$200.00 in the form of money order or cashier's check payable to: **The Imperial House, Inc.** for each approved renter to offset the additional burden on common resources.
- 4) _____ Legible copy of each applicant's valid driver's license or government issued picture ID.
- 5) _____ Legible copies of all vehicle registrations that will be parked in the community (**Please note: Only one vehicle per unit permitted on premises at any time**)
- 6) _____ Signed APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION form.
- 7) _____ Executed copy of the Purchase Agreement or Signed Lease Agreement.
- 8) _____ **Acknowledgement:** No unit may be owned by a corporation, partnership, LLC, or other entity of any kind except a trust formed for the purpose of estate or financial planning. A unit may be owned by not more than two natural persons who meet the definition of a single family per the by-laws.
- 9) _____ **Acknowledgement:** Occupancy may be only by a single family unit of up to two (2) persons who are married or living together as a single housekeeping unit, therefore occupancy by more than two persons is not permitted.

Please note: **the board will make its best efforts to render its decision within 30 days from receipt of a completed application package (application, background check, credit report, etc.) from the property management company. However, the Imperial House by-laws provide the board up to 60 days to render a decision from receipt of the application package and completion of an interview. *Do not schedule closing or occupy until you have been approved by the board and issued a certificate.**

*Applicant(s) will be contacted once a decision is made. **You may follow up for the status within two weeks upon receipt of the application via email to: applications@alliedpmg.com** including the following subject line (TIH/ Applicants Last Name – Property address) in your email(s).

THE IMPERIAL HOUSE, INC.

SALE AND LEASE APPLICATION

Application must be submitted for approval at least 60 days before lease start date or closing date. The Applicants should contact the Association to arrange appointment for a personal interview with members of the Board of Directors Interview Committee..

The Applicants are the purchasers and tenants. Please note that Section 7 of this application regarding Law Enforcement and Driving History must be completed by ALL OCCUPANTS.

1. Current Owner Information:

Owner(s): _____ Address: _____ Unit # _____

Leasing Period: from _____ to _____

Realtor name and contact info : _____

I/We submit the following information to the Board of Directors pertaining to the sale or lease of the property at: _____.

2. Applicant Information:

It is agreed and understood that the applicant(s) and approved occupants are the only person(s) approved to occupy the Unit.

Applicant(s): _____ Married (___)

Address: _____

Telephone number: _____

Social Security or Canadian Social Insurance Number: _____

Date of Birth: _____ Place of Birth: _____

Driver's License Number: _____

State/Province of Driver's License: _____

3. Occupants: Please list all occupant(s) who will be living in the Unit.

_____; Relationship to Applicant: _____; Date of Birth:

Social Security Number

_____; Relationship to Applicant: _____; Date of Birth:

Social Security Number

_____; Relationship to Applicant _____; Date of Birth:

Social Security Number

4. Prior Residences: If applicant(s) has lived less than 5 years at current address, give previous addresses for last 5 years:

Address: _____; Beginning and ending date

Address: _____; Beginning and ending date _____

Address: _____; Beginning and ending date _____

5. Applicant Employment Information:

Current employer name:

Current employer address:

Current employer phone Number:

How long with current employer:

Previous employer name:

Previous employer address:

Previous employer phone number:

How long with previous employer:

If retired, please give the former business or profession:

Address:

6. Applicant Financial Information:

Please provide the name and address of a bank that can be contacted as a reference:

Bank name _____

Bank address _____

Checking account number: _____

Have you ever declared bankruptcy? Yes (___) in year _____. No (___)

If yes, what if anything has changed that might prevent another bankruptcy?

_____.

7. Law Enforcement and Driving History: NOTE THAT THIS SECTION MUST BE COMPLETED BY ALL PERSONS WHO WILL OCCUPY THE UNIT.

Have you ever been adjudicated guilty, pled guilty or pled no contest to a felony or First Degree misdemeanor?

Yes (___) No (___)

If yes, for each offense, complete the following information and attach additional sheets if necessary:

Name of court: _____

State/Province of court: _____

Charge of which convicted: _____

Date of conviction: _____

Sentence of court: _____

Are you or have you ever been a registered sex offender in any state?

Yes (___) No (___)

If yes, please list the particular states and date you were registered sex offender:

List all adjudicated traffic violations in the last seven years:

Charge

Conviction Date

Charge	Conviction Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Has your driver's license ever been suspended or revoked? Yes (___) No (___)

If yes, provide the date(s) and reason(s):

_____.

Do you have a motorcycle endorsement on your driver's license? Yes () No ()

8. Applicant Motor Vehicle:

Make/Model/Year of vehicle: _____

State/License number of vehicle: _____

9. Personal References: Please give name, address and telephone number of 3 personal references:

10. Compliance: I agree for myself and on behalf of all persons who may use the Unit in The Imperial House, Inc. with me and for visitors that I will abide by the Declaration of Condominium and Rules and Regulations which I have read and understand.

Signature _____ Date _____

11. Applicant Attestation and Signature:

I hereby certify that the above information is correct. I authorize my current and former employers, any credit information agency, any state driver license agency, any prior HOA or Condominium or apartment manager, any bank, or any court, to furnish records of my service, credit, driver's license, residency, bank account information and/or criminal information, together with all such other information as those agencies may have on me, whether on record or not. I further permit the Board of Directors of The Imperial House, Inc. to conduct such investigation as it deems appropriate and to obtain any record concerning me from any agency, and hereby forever release and discharge from any claims, liability, actions for damages, compensation or otherwise, known or unknown, the Board of Directors of The Imperial House, Inc., its officers, agents, and employees and all other persons acting on its behalf, any person or agency furnishing said information as a result of the investigation of this application or arising out of the disclosure of any information concerning the investigation of this application. A reproduced copy of this release shall be valid as the original copy. I further understand that the Board of Directors is without the power to grant rule exceptions.

I understand that I must contact the Association to arrange an appointment for a personal interview with the Board of Directors.

In making this application, I am aware that the decision of the Board of Directors will be final and no specific reason needs to be given for the decision of the said Board.

Applicant's signature:

Printed name:

Applicant's signature:

Printed name:

Date of signing:

Current unit owner's signature:

Printed name:

Current unit owner's signature:

Printed name:

Date of signing:

A copy of the Contract for Sale and Purchase or Lease/Rental Agreement must accompany this application.

For the Board of Directors:
The Imperial House, Inc.

Approved _____
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