

Ambassador

Community Management, Inc.

7100 West Commercial Blvd. ~ Suite 107 ~ Lauderhill, FL 33319
Phone: 954-741-8811
www.ambassadormanagement.com

HAWAIIAN GARDENS PHASE 8 ASSOCIATION

THISTLE, UMBRA, VINE, & WALNUT GARDENS CONDOMINIUM SALE / LEASE APPLICATION

THIS IS A 55 YEAR OR OLDER COMMUNITY ONLY

1. This application packet must be completed in detail by each proposed adult occupant other than husband/wife. (which is considered one application)
2. If any question is not answered or left blank this application may be returned, not processed, and not approved.
3. Please attach a copy of the sales contract/Lease agreement along with a photo ID for each Applicant (ie: drivers licence or state ID) when turning in this application.
Owners must own for 2 years before they can rent their units.
4. If you will be financing your unit, you **must** submit a copy of a current Credit Report with this application.
5. Units may be rented for no more than 6 months and not more than once per 12 month Period.
6. Hawaiian Gardens Phase 8 is a 55 years of age and older Community. All residents must be 55 or over.
7. Please attach a non refundable processing fee of \$100.00 for each application, made payable to **Hawaiian Gardens Phase 8 Condominium**.
Acceptance of processing fee does not in any way constitute approval.
8. The completed application packet and all required items listed must be turned in to **Ambassador Community Management**. No application will be accepted by fax. If you mail your application please make certain that all the information is completed and all material is included. if any part of the application is missing it will be returned to you not processed or approved.

The Association will call and schedule an appointment for your interview

Occupancy prior to approval is prohibited

Thank you for your interest in the Hawaiian Gardens Phase 8 Association. If you have any questions, please contact Barbara Da Costa at 954-741-8811 EXT. 204.

NOTE: Complete all questions and fill in all blanks. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly or type all information. Missing information will cause delays. All information on this application will be verified.

PLEASE USE BLACK INK

THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY!

APPLICATION FOR OCCUPANCY

Association Name: Hawaiian Gardens Phase 8

NOTE: All information supplied is subject to verification. All telephone numbers must be able to be reached between 9-5 P.M. Date _____

Purchase _____ Lease _____ Apt. _____ Bldg. No. _____ Property Address: _____

Full Name _____ Date of Birth _____ Social Security # _____

() Single () Married () Separated () Divorced - How Long _____ Maiden Name _____

Have you ever been convicted of a crime _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Spouse _____ Date of Birth _____ Social Security # _____

Maiden Name _____ Have you ever been convicted of a crime _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

No. of people who will occupy unit - Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

Applicant(s) Cellular Telephone Number _____ Applicant(s) Email Address _____

In case of emergency notify _____ Address _____ Phone _____

PART I - RESIDENCE HISTORY

PLEASE PRINT FULL ADDRESS, INCLUDING UNIT/APT NUMBER, CITY, STATE & ZIP CODE

A. Present address _____ Phone _____

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home _____ Parent/Family Member _____ Rented Home _____ Rented Apt _____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

B. Previous address _____ Phone _____

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home _____ Parent/Family Member _____ Rented Home _____ Rented Apt _____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

C. Previous address _____ Phone _____

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home _____ Parent/Family Member _____ Rented Home _____ Rented Apt _____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

PART II – EMPLOYMENT REFERENCES

Include a recent copy of an earnings statement to expedite processing

A. Employed by _____ Phone _____
Dates of Employment: From: _____ To: _____ Position _____ Fax _____
Monthly Gross Income _____ Address _____

B. Spouse Employed by _____ Phone _____
Dates of Employment: From: _____ To: _____ Position _____ Fax _____
Monthly Gross Income _____ Address _____

PART III – BANK REFERENCES

Include a recent copy of a bank statement to expedite processing

A. Bank Name _____ Checking Acct. # _____ Phone _____
Address _____ Fax _____

B. Bank Name _____ Savings Acct. # _____ Phone _____
Address _____ Fax _____

PART IV – CHARACTER REFERENCES (No Family Members)

Please notify Character References that we will be contacting them to obtain a reference

1. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____

2. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____

3. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____

4. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____

Driver's License Number (Primary Applicant) _____ State Issued _____

Driver's License Number (Secondary Applicant) _____ State Issued _____

Make _____ Type _____ Year _____ License Plate No. _____

Make _____ Type _____ Year _____ License Plate No. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit 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 Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

8795 West McNab Road, First Floor, Tamarac, Florida 33321

www.associatedcreditreporting.com

AUTHORIZATION FORM

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)



Hawaiian Gardens Phase 8
 A Condominium Association
 4701 N.W. 34 th. street
 Lauderdale Lakes, Fl. 33319
 No Fax : 954-484-5775



AN AGE 55 OR OVER RESIDENTIAL COMMUNITY

FOR LOCATION : YOU MUST BE AN OWNER FOR OVER TWO YEARS

**REGISTRATION OF OCCUPANCY
 IN THE ABSENCE OF THE OWNER**

**UNIT # _____
 BUILDING _____**

Name of owner _____ Phone # _____ Parking # _____

Occupancy : MAXIMUM 1 OCCUPANCY PER PERIOD (October first through September 30) (EXCLUDING BLOOD RELATIVES)

PERIODE OF OCCUPANCY FROM _____ TO _____

Restrictions :

1. Occupancy shall be 55 years of age or older (except owner's children).
2. Occupancy permanently prohibited for children under 18 years of age except that children may visit and temporarily reside for a period not to exceed 30 days per period (October first through September 30).
3. Occupancy by renters or guest shall be limited to a total of one occupancy per period (October first through September 30).
4. Occupancy by renters shall be for a period not less than 6 months and 1 day not more than 7 months.
5. Occupancy by blood relatives (parents, children and grand-children only) shall not exceed 3 months per period (October first through September 30) (100.00\$ fees not applicable for blood relatives).
6. Occupancy by guests, other than blood relatives, is limited to 60 cumulative days per period (October first through September 30). (and only while owner is present).
7. Number of persons is limited to 6 for 2 BR. and 4 for 1BR.
8. Not pets of any kind allowed
9. Occupants shall abide by the rules of Phase 8 (owner must give a copy of rules to the occupants).

1st offense = One warning - 2nd offense = Cancellation of lease

NO OCCUPANTS ARE ALLOWED PRIOR TO REGISTRATION AND APPROVAL.

THE OWNER IS REQUIRED TO SIGN AND GIVE THE PRESENT DOCUMENT TO THE PRESIDENT OF HIS BUILDING FOR OCCUPANCY PERMITTED IN THE PERIOD (October first through September 30). ALSO HE MUST GIVE ONE COPY TO THE OFFICE OF PHASE ASSOCIATION WITH I.D. COPY.

INFORMATIONS ABOUT OCCUPANTS :

Date of birth _____ Age _____
 Name _____
 Address _____
 City _____
 State _____ Zip Code _____
 Tel.No _____

Number of persons _____
 Copy of I.D. _____
In case of emergency
 Name _____
 Phone number _____

Others occupants or guests :

Name _____ Relation _____ Age _____
 Name _____ Relation _____ Age _____
 Name _____ Relation _____ Age _____

This form es accompanied with a check of 100.00\$ to the order of « HAWAIIAN GARDENS PHASE 8 ASSOCIATION » wich was given to the President of the building.

Signature _____ Date _____

I HEREBY CERTIFY THAT THE OCCUPANTS IN MY ABSENCE ARE AWARE OF AND WILL CONFORM TO ALL THE RULES OF HAWAIIAN GARDENS PHASE VIII ASSOCIATION.

Owner signature _____ Date _____

SCREENING APPROVAL : Signature _____ Date _____
 Signature _____ Date _____
 Signature _____ Date _____



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A Condominium Association
4701 N.W. 34th, street
Lauderdale Lakes, Fl. 33319
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UNE COMMUNAUTÉ POUR RÉSIDENTS DE 55 ANS ET PLUS

AFIN D'ÊTRE AUTORISÉ À LOUER VOTRE CONDO, VOUS DEVEZ EN ÊTRE LE PROPRIÉTAIRE DEPUIS 2 ANS.

ENREGISTREMENT D'OCCUPATION
En l'absence du propriétaire

Appartement _____
Building _____

Nom du propriétaire _____ No. Tel. _____ No. Stationnement _____

OCCUPATION : 1 permise du 01 octobre au 30 septembre (Excluant les parents immédiats)

PÉRIODE D'OCCUPATION : du _____ au _____

RESTRICTIONS :

1. L'occupant doit être âgé de 55 ans ou plus (à l'exception des enfants du propriétaire).
2. Les enfants du moins de 18 ans ne peuvent résider d'une façon permanente mais ils peuvent être visiteurs pour une période n'excédant pas 30 jours durant la période du 01 octobre au 30 septembre .
3. L'occupation par des locataires (courte ou longue durée) ou leurs invités est limitée à 1 occupation par période du (01 octobre au 30 septembre
4. Les locataires ne peuvent occuper un appartement pour une période de moins de 6 mois et 1 jour et de plus de 7 mois.
5. L'occupation par les parents immédiats (parents, enfants et petits-enfants seulement) ne peut excéder 3 mois par période du 01 octobre au 30 septembre (dans ce cas les frais ne sont pas applicables).
6. L'occupation par des invités autres que les parents immédiats, est limitée à 60 jours cumulatifs par période du 01 octobre au 30 septembre et seulement quand le Propriétaire est présent.
7. Le nombre de personnes occupant un même appartement est limitée à : 6 (2 ch.) 4 (1 ch.)
8. Aucun animal n'est permis dans les appartements.
9. Les occupants doivent observer tous les règlements de la Phase 8 (Le Propriétaire doit fournir à l'occupant une copie des règlements : Première offense = Avertissement - Deuxième offense = Cancellation du bail

AUCUNE OCCUPATION N'EST PERMISE AVANT L'ENREGISTREMENT ET L'APPROBATION.

LE PROPRIÉTAIRE DOIT SIGNER ET REMETTRE CE FORMULAIRE COMPLÉTÉ AU PRÉSIDENT DE SON CONDO POUR TOUTES OCCUPATIONS PERMISES POUR LA PÉRIODE COMPRISE ENTRE LE 01 OCTOBRE ET LE 30 SEPTEMBRE. IL DOIT ÉGALEMENT EN REMETTRE UNE COPIE AU SECRÉTARIAT DE LA PHASE 8 AVEC COPIE DE L'IDENTIFICATION OFFICIELLE.

INFORMATIONS CONCERNANT LES OCCUPANTS :

Date de naissance _____ Âge _____
Nom _____
Adresse : _____
Ville : _____
Province : _____ Code postal _____
No. téléphone : _____

Nombre de personnes : _____
Identification officielle : _____
En cas d'urgence : _____
Nom : _____
No. Téléphone _____

Autres occupants ou invités :

Nom : _____ Lien de parenté : _____ Âge _____
Nom : _____ Lien de parenté : _____ Âge _____
Nom : _____ Lien de parenté : _____ Âge _____

À CE FORMULAIRE SERA JOINT UN CHÈQUE DE 100,00\$ FAIT À L'ORDRE DE « HAWAIIAN GARDENS PHASE 8 ASSOCIATION » ET REMIS AU PRÉSIDENT DU CONDO.

SIGNATURE _____ DATE _____

JE CERTIFIE QUE LES OCCUPANTS DE MON APPARTEMENT DURANT MON ABSENCE SONT INFORMÉS ET RESPECTERONT LES RÈGLEMENTS DE HAWAIIAN GARDENS ASSOCIATION PHASE VIII

Signature : _____ Date _____

COMITÉ D'APPROBATION DU CONDO : Signature _____ Date _____
Signature _____ Date _____
Signature _____ Date _____