

# *Ambassador*

*Community Management, Inc.*

7100 West Commercial Blvd. ~ Suite 107 ~ Lauderhill, FL 33319

Phone: 954-741-8811 Fax: 954-741-8051

[www.ambassadormanagement.com](http://www.ambassadormanagement.com)

*Since 1992*

## **LILAC GARDENS CONDOMINIUM ASSOCIATION** **SALE / LEASE PACKAGE**

**THIS IS A 55 YEARS OF AGE AND OLDER COMMUNITY.**  
**ALL RESIDENTS MUST BE 55 OR OLDER**

The attached application forms MUST be completed in full by each adult applicant.  
(other than Husband/Wife or Parent/Dependant child which is considered one application)  
and returned to Ambassador Community Management along with a **\$100.00** Check or money order for  
each application made payable to **LILAC GARDENS CONDOMINIUM.**

This application fee is non-refundable.

In addition, the following items and or terms are required to accompany the application forms and fee.

1. Signed copy of the Sales Contract / lease agreement along with photo ID for each adult occupant.
2. Copy of a current Credit Report
3. No pets are allowed at any time.
4. Use of the unit is for single family residence only
5. No commercial vehicles, truck, etc. are allowed on property overnight.
6. The current owner must provide the buyer with the Association Documents and Rules & Regulations
7. No more than 2 occupants per bedroom are allowed to occupy unit.
8. Moving in and out of a unit must be completed between the hours of 9am and 8pm through the rear Entrance Monday - Saturday

This Sales/lease packet is considered incomplete and will not be accepted until all information has been received. The Association is allowed thirty (30) days to process and approve all applications.

Upon receipt and verification of all materials submitted, a personal interview with the Board of Directors will be scheduled. The applicant(s) will be notified of the date, time and place of the personal interview.  
**OCCUPANCY PRIOR TO BOARD APPROVAL IS PROHIBITED!**

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LILAC GARDENS CONDOMINIUM

PRINT all information. Association Name \_\_\_\_\_ Bldg. # \_\_\_\_\_ Unit # \_\_\_\_\_

Name of Realtor handling transaction \_\_\_\_\_ Phone \_\_\_\_\_

Name of Mortgage Company \_\_\_\_\_ Phone \_\_\_\_\_

Name(s) of proposed purchaser/Lessee: \_\_\_\_\_ Phone \_\_\_\_\_

1. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to lease:
  - a. I will abide by all of the restrictions contained in the By-Laws, Rules & Regulations, and restrictions which are or may in the future be imposed by the Association.
  - b. I understand that there is a restriction on pets and that I may not bring a pet on the property, nor may any guest or visitor.
  - c. I understand that I must be present when any guests, relatives, or visitors who are not permanent residents occupy the unit.
  - d. I understand that any violation of the terms, provisions, conditions, and covenants of the Association documents provide cause for immediate action as therein provided for in the Association Documents.
2. I have received a copy of the Rules and Regulations and fully understand them. Yes \_\_\_\_\_ No \_\_\_\_\_
3. I understand that the approval is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any false statements are cause for denial.
4. I understand that the Board of Directors may cause to be instituted an investigation of my background. I specifically authorize the Board of Directors, Management, and any credit reporting company chosen by same to make such investigation. I agree that the information contained in this and the attached application may be used for such investigation, and that the Board of Directors, Management, and committees members 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 Board of Directors.

In making the foregoing application, I am aware that the decision of the Association will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

APPLICANT \_\_\_\_\_ Date \_\_\_\_\_ APPLICANT \_\_\_\_\_ Date: \_\_\_\_\_

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: LILAC GARDENS CONDOMINIUM

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

Phone: 954-543-9400  
Toll Free: 800-676-7640  
Fax: 954-543-9411  
Toll Free Fax: 800-235-7185

APPLICANTS: Most banks, financial institutions, mortgage companies and employers require your signature and name printed to verify information. Please complete the form below: Thank you.

## \*\*\*AUTHORIZATION FORM\*\*\*

You are hereby authorized to release to any and all information requested with regards to verification of my bank account (s), credit history, residential history, criminal record history, employment verification and character references to **Associated Credit Reporting, Inc.** This information is to be used for my/our credit report for my/our Application for Occupancy.

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 for the exclusive use of the association for residential screening purposes only

**PLEASE INCLUDE COPY OF DRIVER'S LICENSE and SOCIAL SECURITY CARD TO CONFIRM IDENTITY.** If you do not have a Social Security Card, please include a copy of your Passport or current identification card.

**Please notify your Landlord(s), Employer(s), and Character References that we will be contacting them to obtain a reference pursuant to your application.**

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 signature.

I/We certify under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Spouse's Name Printed)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Date Signed)

NOTE TO APPLICANTS: Banks and some employers require your signature and name printed as authorization to verify information. If it is not your bank or employer's policy to verify by fax or verbally-please enclose a copy of your most recent bank statement and check stub. Thank You!