

Ambassador

Community Management, Inc.

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

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

www.ambassadormanagement.com

Since 1992

PLANTATION PLACE CONDOMINIUM ASSOCIATION

ADDITIONAL OCCUPANT PACKET

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 PLANTATION PLACE. This application fee is non-refundable. In addition, the following items and or terms are required to accompany the application forms and fee.

1. copy of photo ID for each adult occupant.
2. Letter from the Owner stating that they are full time occupants to this unit and that this application is for an additional occupant. If a renter is requesting the additional occupancy approval, the owner of the unit must submit a letter giving authorization of the additional occupant.
3. One pets is allowed but not to exceed 20 lbs. This rule was amended on 3-21-07.
4. Use of the unit is for single family residence only
5. No commercial vehicles, truck, motorcycles etc. are allowed on property overnight. Only one assigned parking space per unit.
6. No more than 2 occupants per bedroom are allowed to occupy unit.
7. Moving in and out of a unit must be completed between the hours of 9am and 5pm Monday through Friday **ONLY**.

This 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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Plantation Place Condominium
PRINT all information. Association Name _____ Bldg. # _____ Unit # _____

Lease Term: From _____ to _____

Name of Realtor handling transaction _____ Phone _____

Name(s) of proposed 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 termination of the leasehold under appropriate circumstances.
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 _____

OTHER PERSONS who will occupy the apartment with you:

<u>Name</u>	<u>Age</u>	<u>Relationship / Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever seasonally resided in Florida before? ___ If yes, please state the name, address and dates of residency:

If retired, please state the company's name and address retired from and when retired: _____

Have you ever been convicted or pled to a crime? ___ If yes, please state the date(s), charge(s) and disposition(s):

1. I hereby agree for myself and on behalf of all persons who may use the apartment which I seek to Lease:
 - a. I will abide by all of the restrictions contained in the Bylaws, Rules & Regulations, and restrictions which are or may in the future be imposed by PLANTATION PLACE CONDOMINIUM ASSOCIATION.
 - b. I understand that there is a restriction on pets and that I may not bring a pet, nor may any guest or visitor bring a pet into PLANTATION PLACE CONDOMINIUM ASSOCIATION, nor acquire one, either temporarily or permanently after occupancy.
 - c. I understand that I must be present when any guests, relatives, visitors, or children who are not permanent residents occupy the apartment or use the recreational facilities.
 - d. I understand that sub-leasing or occupancy of this apartment in my absence is prohibited.
 - e. I understand that any violation of the terms, provisions, conditions, and covenants of the PLANTATION PLACE CONDOMINIUM ASSOCIATION documents provides cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances.
2. I have received a copy of the Rules & Regulations: Yes ___ No ___
3. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. Occupancy prior to Board approval is prohibited.
4. I understand that the acceptance for Lease at PLANTATION PLACE CONDOMINIUM ASSOCIATION is conditioned in part upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of information on these forms will result in the automatic disqualification of my application. Occupancy prior to Board approval is prohibited.
5. I understand that the Board of Directors of PLANTATION PLACE CONDOMINIUM ASSOCIATION may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and RENTERS REFERENCE OF FLORIDA, INC. to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of PLANTATION PLACE CONDOMINIUM ASSOCIATION itself 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 PLANTATION PLACE CONDOMINIUM 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 _____ APPLICANT _____

IMPORTANT NOTE: Complete all questions and fill in all blanks. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can not be cancelled or refunded.

PLEASE USE BLACK INK

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

APPLICATION FOR OCCUPANCY

Association Name: Plantation Place 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 Occupant Apt.# _____ Bldg.# _____ Address applied for: _____

Full Name _____ Date of Birth _____ Social Security # _____

Single Married Separated Divorced How Long? _____ Other legal or 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 _____

Applicants Cell Number(s) _____ Applicants Email Address _____

In case of emergency notify _____ Address _____ Phone _____

PART I – RESIDENCE HISTORY

A. Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

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 _____
(Include unit/apt number, city, state and zip code)

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 _____
(Include unit/apt number, city, state and zip code)

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)