

Ambassador

Community Management, Inc.

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

Phone: 954-741-8811

www.ambassadormanagement.com

Since 1992

SONOMA II HOMEOWNERS ASSOCIATION **LEASE APPLICATION**

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) Return completed forms to **Ambassador Community Management**

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

1. A Copy of the signed Lease Agreement along with a photo ID for each occupant over the age of Eighteen
2. Letter from employer verifying employment and copy of most recent pay stubs.
3. Copy of a current criminal records search conducted in the state in which you live.
3. Renewals or extensions of leases are subject to re approval by the Board of Directors.
4. Use of this unit is for single family residence only
5. The owner (landlord) must provide the lessee with a copy of the association Rules and Regulations.

This 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!

SONOMA II HOMEOWNERS ASSOCIATION, INC.

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, Covenants and restrictions which are or may in the future be imposed by SONOMA II HOMEOWNERS ASSOCIATION.
 - b. I understand that I must be present when my guests, relatives, visitors or children who are not permanent residents occupy the unit.
 - c. I understand that sub-leasing or occupancy of this unit in my absence is prohibited.
 - d. I understand that any violation of the terms, provisions, conditions and covenants of the SONOMA II HOMEOWNERS ASSOCIATION documents provides cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances, and to reimburse the Association for its reasonable attorney's fees and costs in pursuing any such violation.

2. I have received a copy of the Rules & Regulations: Yes _____ No _____
I have read and agree to comply with these 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.

4. I understand that the acceptance for Lease at SONOMA II is conditioned upon truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of information of these forms will result in the automatic rejection of this application. Occupancy prior to approval is prohibited.

5. I understand that the Board of Directors of SONOMA II may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors 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 and Officers of SONOMA II HOMEOWNERS ASSOCIATION itself shall be held harmless from any actions 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 forgoing application, I am aware that the decision of the SONOMA II HOMEOWNERS 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 _____

DATE _____ DATE _____

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: Sonoma II Homeowners Association

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 _____