

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

TOWNHOMES OF INVERRARY 32 HOA, INC.

SALE / LEASE PACKAGE

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 **TOWNHOMES OF INVERRARY**.

This application fee is non-refundable.

In addition, the following items 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. Copies of Motor Vehicle Registrations (only 2 vehicles per household will be approved)
4. Lease applications will not be accepted or considered if the owner is delinquent in their Association dues.
5. **A copy of the appraisal and a copy of the paid proof of homeowners insurance must be submitted with all sales applications**

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 TP BOARD APPROVAL IS PROHIBITED!

TOWNHOMES OF INVERRARY #32
HOMEOWNERS ASSOCIATION

I _____ and _____

HAVE READ THE TOWNHOMES OF INVERRARY #32 HOMEOWNERS ASSOCIATION RULES AND REGULATION AND HEREBY AGREE TO ABIDE BY THEM. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR MY GUESTS AND ANY VENDORS, WORKERS, AND DELIVERY I MAY HAVE. VIOLATING THESE RULES COULD RESULT IN AN ENFORCEMENT HEARING WHERE FINES MAY BE ASSESSED AND/OR IMPOSED.

SIGNED

TENANT

TENANT

DATED THIS _____ DAY OF _____ 20____

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: TOWNHOMES OF INVERRARY #32 HOA

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!

ZERO TOLERANCE DRUG POLICY

Date : _____

Tenant : _____

Address : _____

This statement of Zero Tolerance Drug Policy is identified as an attachment to the Rental Agreement entered into on _____

I understand and agree that this townhouse complex is attempting to be a drug-free environment and that the Management has a policy of Zero Tolerance to illegal drugs on these premises.

I further understand and agree that this policy entitles Management to terminate the Rental Agreement of any tenant who has engaged in any drug related activity such as possession, sale, manufacture, distribution or use of any controlled substance on or about these premises, or engage in any other illegal activity which is detrimental to the complex or its residents.

I understand and agree that this policy is intended to ensure that the Tenant's safety and peaceful enjoyment of this townhouse complex is protected and that Tenants and their guests and/or invitee do not use or sell illegal drugs on these premises.

Signed

Tenant

Tenant

UNIFORM
ADDENDUM TO LEASE AGREEMENT

COMES NOW _____, the LESSOR (Unit Owner) and _____, the LESSEE(S), and hereby enters into this Lease Addendum regarding Unit _____, Building _____.

WHEREAS, _____ CONDOMINIUM ASSOCIATION, hereinafter referred to as the "ASSOCIATION", has required that as a condition to the Lease Approval of the above referenced LESSEE(S), this Uniform Addendum to the Lease Agreement must be executed and attached to the Lease Agreement between the LESSOR and the LESSEE(S) dated the _____ day of _____, 19____.

WHEREAS, the primary purpose of this Uniform Addendum to the Lease Agreement is to provide the Condominium ASSOCIATION with reasonable assurance that the Unit Owner and LESSEE(S) will comply with all of the terms, conditions, and covenants contained in the Declaration of Condominium, By-Laws, Articles of Incorporation, and the Rules and Regulations and other related documents.

NOW THEREFORE, in consideration for the Lease Approval, and other valuable consideration, which is acknowledged by the undersigned, the Parties herein agree as follows:

Exhibit to Article XIV, Section 1

A. PAYMENT OF ASSESSMENTS

1. It shall be the absolute duty of the LESSOR to remit all Maintenance Assessments, Special Assessments, and other charges assessed on the Unit herein by the ASSOCIATION, in a timely fashion in accordance with the Declaration of Condominium and related documents.

2. In the event that the LESSOR shall be delinquent in any of the assessments set forth in Paragraph 1 above, then the ASSOCIATION, shall have the right to notify the LESSEE(S) as to the Default by the LESSOR on the payment of any assessment by giving the LESSEE(S) written notice of the Default. Said written notice shall be signed by the President of the ASSOCIATION, and attested by the Secretary. The notice shall state with particularity the amount of the assessment due, and the date that the assessment was due.

3. Upon the LESSEE(S) paying the following months rent after receiving written notice as stated above in Paragraph Two (2), the LESSEE(S) shall deduct from the monthly rent to be paid the Unit Owner, the amount set forth in the written notice, and remit this amount directly to the ASSOCIATION, for satisfaction of the LESSORS assessment. In the event that the LESSEE(S) fails to remit the amount as set forth in the written notice, as required in Paragraph 2 above, then the ASSOCIATION, shall have all rights in law or equity, as if the ASSOCIATION, was in fact the Unit Owner/LESSOR herein. The ASSOCIATION, shall cause a copy of the written

notice to the LESSEE(S) to be mailed to the LESSOR.

4. The LESSOR hereby recognizes that payment to the ASSOCIATION for any assessments due, shall be considered to be rent paid by the LESSEE(S) under the Lease Agreement. So long as the LESSEE(S) remits the balance of the rent in a timely fashion under the Lease Agreement to the LESSOR, then the LESSOR shall not have the right of LESSEE(S) Eviction for failure to pay rent.

5. Any action taken by the ASSOCIATION, shall not be construed as a waiver of it's rights under the Declaration of Condominium, Articles of Incorporation, By-Laws, Rules and Regulations, and any Amendments to the foregoing, if any.

B. APPOINTMENT OF ASSOCIATION TO ACT AS AGENT FOR LESSOR

1. The Unit Owner hereby appoints and authorizes the ASSOCIATION to act as its Agent with full power and authority to take such action as may be required, if necessary, to compel compliance by the LESSEE(S) and/or their Guests, with the provisions of the Declaration of Condominium of the ASSOCIATION, its supportive Exhibits, the Condominium Act, and the Rules and Regulations of the ASSOCIATION or in the instance of violation of any of the above by the LESSEE(S) and/or their Guests and in the appropriate circumstances, to terminate the Leasehold Interest pursuant to the Statutory limitations as set forth

in Florida Statute Section 83.

2. The Unit Owner agrees to reimburse the ASSOCIATION for any Attorneys Fees and costs incurred as Lessors Agent in such enforcement as set forth herein, including Attorneys Fees and costs incurred prior to the filing of a lawsuit and in the event a lawsuit is not filed by the ASSOCIATION. All such Attorneys Fees and costs incurred by the ASSOCIATION as described herein shall constitute a lien on the Unit and shall be collected by the ASSOCIATION in the same manner as an Assessment pursuant to the provision of the Declaration of Condominium.

C. SECURITY DEPOSIT

1. LESSEE(S) agrees, to pay to the ASSOCIATION the amount of \$ _____ as a security deposit prior to occupancy of the premises. The security deposit shall be held by the ASSOCIATION as security for any damages caused to the ASSOCIATION Property by the LESSEE(S) and/or their Guests. LESSEE(S) understands and agrees that the security deposit may not be applied as rent or against any other amount due from LESSEE(S) to the Unit Owner.

D. PERSONS OCCUPYING PREMISES

Lessee and Lessor hereby represent to the Association that the following named individuals will be the only permanent residents of the leased premises. They are as follows:

The Parties agree that those individuals referenced above shall be the only individuals allowed to permanently reside in the leased premises. In the event that the Lessor and/or Lessee desires to have additional individuals named as approved occupants of the leased premises, it shall require the consent of the Board of Directors in writing. In the event any person occupies the premises other than the persons named herein without the consent of the Board, then the Association shall have all of the rights available at law to cause the eviction of said individuals and deem this Addendum and the Contract for Lease in default. In the event of any litigation arising out of the terms of this Addendum to Lease Agreement or any breach thereof, the Parties agree that the Lessor and Lessee shall be joint and severally responsible for all attorneys fees and court costs incurred by the Association to enforce this Agreement.

E. TENANT'S REPRESENTATIONS:

Tenant represents that all information provided to the Association in the Lease Application is true and correct and without any material errors. The Association shall have the

right to revoke it's consent to lease if the Tenant breaches this provision and the Association shall have all rights and remedies to terminate this leasehold interest in accordance with the provisions herein.

Dated this _____ day of _____, 19____.

IN WITNESS WHEREOF:

LESSOR:

TENANT:

ACKNOWLEDGMENT BY THE ASSOCIATION

We the undersigned hereby acknowledge the above, and agree to the Lease Agreement, and Lease Addendum, as provided herein.

CONDOMINIUM ASSOCIATION, INC.

By: _____
President

Attest:

By: _____
Secretary