

# *Ambassador*

*Community Management, Inc.*

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

Phone: 954-741-8811

[www.ambassadormanagement.com](http://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 proposal for 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!**

**APPLICATIONS WILL NOT BE ACCEPTED BY FAX**

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\_\_\_\_

**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: 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  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)

## 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 LESSOR'S 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.

**B. 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