

# *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*

## **VILLAS @ THE GATE III CONDOMINIUM ASSOCIATION** **SALES / 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**. Check or money order for  
each application made payable to **VILLAS @ THE GATE III**. 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 or Lease agreement along with photo ID for each adult occupant.
2. Letter from employer verifying employment
3. Copy of recent pay stub.
4. Copy of a current Credit Report

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.

**No lease will be accepted if the Owner is Delinquent in their Association Dues.**

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!**

- I (WE) FULLY AUTHORIZE INVESTIGATION OF ALL ANSWERS AND REFERENCES GIVEN.
- I (WE) ACKNOWLEDGE THAT VEHICLES ARE LIMITED TO STANDARD MOTOR CARS (NO MOTORCYCLES, NO BOATS, NO COMMERCIAL VEHICLES, NO TRAILERS).
- I (WE) ACKNOWLEDGE AND AGREE THAT TENANTS MAY NOT HAVE OR ACQUIRE A PET, WITHOUT THE EXPRESS WRITTEN APPROVAL OF THE BOARD.
- I (WE) ACKNOWLEDGE WE CANNOT OCCUPY THE PREMISES WITHOUT AUTHORIZATION FROM THE ASSOCIATION. (IN THE EVENT OF UNAUTHORIZED OCCUPANCY THE APPLICATION WILL NOT BE ACCEPTED FOR CONSIDERATION UNTIL OCCUPANT VACATES COMPLETELY OR MAY BE REJECTED IN ITS ENTIRETY.)
- I (WE) AGREE THAT ANY FALSE OR INCOMPLETE APPLICATIONS WILL BE REJECTED.
- I (WE) ACKNOWLEDGE THAT PROCESSING OF THIS APPLICATION MAY TAKE FROM 2 TO 4 WEEKS.
- I (WE) AGREE THAT NO TRANSIENT OCCUPANCY IS ALLOWED AND COPY OF EACH AND EVERY LEASE AND RENEWAL LEASE OR AGREEMENTS MUST BE PROVIDED TO THE ASSOCIATION.
- I (WE) ACKNOWLEDGE THAT WE HAVE READ AND RECEIVED A COPY OF THE RULES AND REGULATIONS

DATED \_\_\_\_\_.

I (WE) CERTIFY THE FOREGOING TO BE TRUE AND CORRECT.

THE ASSOCIATION AND ITS AGENT, IN THE EVENT IT CONSENTS TO A LEASE, IS HEREBY AUTHORIZED TO ACT AS OUR AGENT WITH FULL POWER AND AUTHORITY TO TAKE SUCH ACTION AS MAY BE REQUIRED, IF NECESSARY, TO COMPEL COMPLIANCE BY OUR LESSEE(S) AND/OR THEIR GUEST, WITH PROVISIONS OF THE DECLARATION OF CONDOMINIUM OF THE ASSOCIATION. ITS SUPPORTIVE EXHIBITS, THE CONDOMINIUM ACT, AND RULES AND REGULATIONS OF THE ASSOCIATION, OR IN THE INSTANCE OF ANY VIOLATION OF ANY OF THE ABOVE BY THE LESSEE(S) AND/OR THEIR GUESTS, UNDER APPROPRIATE CIRCUMSTANCES, TO TERMINATE THE LEASEHOLD. IF THIS APPLICATION IS FOR LEASE, THE LESSOR AGREES TO REIMBURSE THE ASSOCIATION FOR ANY ATTORNEY'S FEE AND COSTS INCURRED AS LESSOR'S AGENT IN SUCH ENFORCEMENT OR LEASE TERMINATION.

TENANT \_\_\_\_\_ PURCHASER \_\_\_\_\_ DATE \_\_\_\_\_

TENANT \_\_\_\_\_ PURCHASER \_\_\_\_\_ DATE \_\_\_\_\_

OWNER \_\_\_\_\_ SELLER \_\_\_\_\_ DATE \_\_\_\_\_

LEASE RIDER

In the event the LESSOR (OWNER) becomes delinquent in the payment of any monthly maintenance assessment due the Condo Association, and if such delinquency continues for a period in excess of ten (10) days after LESSOR has been properly notified of such delinquency, the LESSEE (TENANT), upon receiving written notice of such delinquency from the Condominium Association or its Agent, shall pay the full amount of such delinquency as set forth in said notice to the Condominium Association in care of the Management Company for the benefit of the Condominium Association.

LESSEE is authorized to deduct from the rental payment due to the LESSOR the amount paid to cure the delinquency. It is understood and agreed by the LESSOR that the LESSEE shall continue to pay the monthly maintenance payment to the Condominium Association until such time as the LESSEE is notified in writing by the Association or Management Company that the LESSORS' delinquency and default has been cured.

LESSOR  
(OWNER)

-----  
Signature

LESSOR  
(OWNER)

-----  
Signature

LESSEE  
(TENANT)

-----  
Signature

LESSEE  
(TENANT)

-----  
Signature

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

Unit Number: \_\_\_\_\_

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: VILLAS AT THE GATE III 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\*

- Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- 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!