

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

VILLAS @ THE GATE II 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 II**. 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 II 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

- 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!