

Ambassador

Community Management, Inc.

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

Phone: 954-741-8811

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.
As of December 9th 2011 owners must own their unit for 1 year before they may rent.
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!

APPLICATIONS WILL NOT BE ACCEPTED BY FAX

- 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

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 LESSOR'S delinquency and default has been cured.

LESSOR
(OWNER)

Signature

LESSOR
(OWNER)

Signature

LESSEE
(TENANT)

Signature

LESSEE
(TENANT)

Signature

Date: _____

Unit Number: _____

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: Villas @ the Gate III

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)