

# *Ambassador*

*Community Management, Inc.*

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

Phone: 954-741-8811 Fax: 954-741-8051

[www.ambassadormanagement.com](http://www.ambassadormanagement.com)

*Since 1992*

## YUCCA GARDENS CONDOMINIUM ASSOCIATION SALE / LEASE PACKAGE

THIS IS A 55 YEARS OF AGE AND OLDER COMMUNITY.  
ALL RESIDENTS MUST BE 55 OR OLDER

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 YUCCA GARDENS CONDOMINIUM.

This application fee is non-refundable.

In addition, the following items and or terms 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. No pets are allowed at any time.
4. Use of the unit is for single family residence only
5. No commercial vehicles, truck, etc. are allowed on property overnight.
6. The current owner must provide the buyer with the Association Documents and Rules & Regulations
7. No more than 2 occupants per bedroom are allowed to occupy unit.

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 TO BOARD APPROVAL IS PROHIBITED!**

# Ambassador

Community Management, Inc.

7100 West Commercial Boulevard Suite 107 Lauderhill, Florida 33319 954-741-8811

## SALES/LEASE APPLICATION

1. This Application package must be completed in detail by each proposed adult occupant, other than husband/wife or parent/dependent child (which is considered one application). This is a 55 years of age and older community. All residents must be 55 or over except in the case of husband and wife where one spouse is under age 55.
2. If any question is not answered or left blank this application may be returned, not processed, and not approved.
3. Please attach a copy of the Sales Contract, along with a copy of a picture ID when returning this application package.
4. Please attach a non-refundable processing fee of \$100.00 (check or Money order only) for each applicant other than husband/wife or parent/child payable to Yucca Gardens. Acceptance of processing fee does not in any way constitute approval.
5. The completed application package must be submitted to the Association at least 15 days prior to the desired date of occupancy.
6. ALL applicants must be personally interviewed prior to final approval. Occupancy prior to approval is cause for denial.
7. No pets are allowed at any time.
8. Use of the unit is for single family residence only. Please check if occupancy will be seasonal \_\_\_\_\_ or year round \_\_\_\_\_.
9. No commercial vehicles, trucks, motorcycles, etc are allowed on the premises overnight.
10. The current owner must provide the applicant with the Association Documents and Rules and Regulations.
11. No more than 2 occupants per bedroom are allowed to occupy a unit.
12. Moving in or out of a unit must be completed between the hours of 9 am and 8 pm. Through the rear entrance Monday - Saturday.

### YUCCA GARDENS CONDOMINIUM

PRINT all information. Association Name \_\_\_\_\_ Bldg. # \_\_\_\_\_ Unit # \_\_\_\_\_  
Name of Realtor handling transaction \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Mortgage Company \_\_\_\_\_ Phone \_\_\_\_\_  
Name(s) of proposed purchaser/Lessee: \_\_\_\_\_ Phone \_\_\_\_\_

1. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to lease:
  - a. I will abide by all of the restrictions contained in the By-Laws, Rules & Regulations, and restrictions which are or may in the future be imposed by the Association.
  - b. I understand that there is a restriction on pets and that I may not bring a pet on the property, nor may any guest or visitor.
  - c. I understand that I must be present when any guests, relatives, or visitors who are not permanent residents occupy the unit.
  - d. I understand that any violation of the terms, provisions, conditions, and covenants of the Association documents provide cause for immediate action as therein provided for in the Association Documents.
2. I have received a copy of the Rules and Regulations and fully understand them. Yes \_\_\_\_\_ No \_\_\_\_\_
3. I understand that the approval is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any false statements are cause for denial.
4. I understand that the Board of Directors may cause to be instituted an investigation of my background. I specifically authorize the Board of Directors, Management, and any credit reporting company chosen by same to make such investigation. I agree that the information contained in this and the attached application may be used for such investigation, and that the Board of Directors, Management, and committees members shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of the Association will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

APPLICANT \_\_\_\_\_ Date \_\_\_\_\_ APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

**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: Yucca Gardens

**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)