

SEYBOLD POINTE CONDOMINIUM ASSOCIATION, INC.
PURCHASERS/RENTERS APPLICATION AND INSTRUCTIONS:

Please fill out the attached application for purchase or rent and return it to Guarantee Management Services, Inc. at 6925 NW 42 Street, Miami, FL 33166 together with the following information:

- 1) Completed purchase application or rental application including owner's signature and prospective renter's signature where required. If the application is not complete including signature this will delay the approval process. ALL PERSONS THAT WILL RESIDE IN THE UNIT MUST BE NAMED ON THE APPLICATION AND GO THROUGH THE INTERVIEW PROCESS.
- 2) US residents – non-refundable check in the amount of \$100 payable to Seybold Pointe Condominium for each person over the age of 18. Non-US residents check in the amount of \$150 payable to Seybold Pointe Condominium for the cost of the international background investigation.
- 3) Non- refundable check in the amount of \$100 for the move-in coordination fee together with move-in form.
- 4) Copy of purchase contract or lease.
- 5) Copy of driver's license or photo ID for each adult that will be residing in unit.
- 6) If you have any questions you may contact Tracey Rubin at 305-262-6120 ext. 201 or her assistant, Hortensia at ext. 221.

YOU WILL BE CONTACTED BY THE ASSOCIATION FOR A PERSONAL INTERVIEW PRIOR TO APPROVAL OF YOUR APPLICATION
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If you are purchasing you will need estoppel information and must contact Guarantee Management Services at 206-262-6120 ext. 204 for Maria Elena Cervera or fax your request to her at 305-262-6129.

Please allow two (2) weeks for the processing of your application.



Apt No _____ Apt Type _____ Monthly Rent _____ Occup Date _____ Pro-In \$ _____ Term Date _____
 Referred By _____ Rent Starts _____ Reasons For Living Here _____

Application For Occupancy *(Rental/Lease)*

Date _____

IMPORTANT: Each co-resident/co-applicant must submit separate applications.

PERSONAL INFORMATION

Applicants Name _____ Date of Birth _____ SS No _____
 First Middle Last

Marital Status _____ Driver License No _____ State _____

Spouse's Name _____ Date of Birth _____ SS No _____
 First Middle Last

Driver License No _____ State _____

Other Occupants

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Do you own pets? _____ If yes, type *(breed)* _____ Size/Weight _____

Have you, the co-applicant(s), and/or any occupant(s) ever been arrested, charged and/or convicted of a crime? _____ If Yes, Provide detailed explanation.
(Use reverse side of this application)

Emergency contact *(Name/Phone)* _____

RESIDENT HISTORY

Present Street Address _____ State _____ Zip _____

Phone (____) _____ To/From _____ Monthly Payment \$ _____

Landlord's Name _____ Phone (____) _____

Reason For Moving _____

Previous Street Address _____ State _____ Zip _____

To/From _____ Monthly Payment \$ _____ Landlord's Name _____

Phone (____) _____ Reason For Moving _____

Have you and/or the co-applicant(s) ever been evicted from any property? _____ If Yes, Provide detailed explanation. *(Use reverse side of this application)*

EMPLOYMENT HISTORY

Present employer _____ Supervisor _____

Address _____ Phone (____) _____

Position _____ Date of employment _____ Gross weekly salary \$ _____

Previous employer _____ Supervisor _____

Address _____ Phone (____) _____

Position _____ Dates of employment _____ Gross weekly salary \$ _____

Spouses employer _____ Supervisor _____

Position _____ Phone (____) _____ Salary \$ _____

INCOME

Gross annual salary (Including fees, tips, commissions and bonuses) \$ _____

Gross annual salary spouse \$ _____

Other income you want to disclose \$ _____

BANK INFORMATION

Account No _____ Account type _____ Bank Name and Branch _____

Account No _____ Account type _____ Bank Name and Branch _____

CHARACTER REFERENCE

Name _____ Phone No _____ Relation: _____

Name _____ Phone No _____ Relation: _____

(If necessary use reverse side of this application to list additional accounts)

VEHICLES

Year _____ Make _____ Tag No _____ State _____ Registered to _____

Year _____ Make _____ Tag No _____ State _____ Registered to _____

Year _____ Make _____ Tag No _____ State _____ Registered to _____

Applicant(s) has submitted the sum of \$ _____, which is non-refundable payment for credit check/background check processing charge of the application. Such sum is not a rental payment or security deposit. This amount will be retained by the management to cover the cost of processing the application. It is understood and agreed between the parties that in the event this application for the above referenced apartment is rejected by _____ then said sum so received, as security deposit shall be returned to applicant without interest. It is further understood and agreed that in the event that said application is approved and accepted by _____, then said amount received below shall be applied on that security deposit so called for in the lease entered into between the parties. It is further understood and agreed by the parties that in the event that said application is approved and accepted by _____ and applicant refuses to enter into a lease agreement for the period of time as called for in applicants application then the sum so received herein shall be retained by _____ to serve as liquidation damages it will suffer by reason of applicants failing to enter into residency of that above stated apartment, but the acceptance or rejection of applicant shall remain within the sole discretion of _____. _____ is hereby authorized and given the right to verify by reasonable means the application including but not limited to credit check, criminal history, eviction-civil records, landlord verification, and verification of employment; and to exercise at it's sole discretion as to whether to reject this application and/or to terminate any lease which may be entered into between the parties pursuant to this application, whether during the term of the said lease or any extensions or renewal thereof if the applicant has made any false statements or misrepresentations whatsoever in the application. Furthermore, applicant(s) certify it has not knowingly omitted any information from this application, any additional documents in the application packet, exhibits and/or attachments.

Applicant has deposited the sum of \$ _____ which is to be applied to the security deposit in reference to the above apartment unit.

Applicant signature _____ Date _____

Spouse signature _____ Date _____

Leasing agent / Interviewed by _____ Date _____



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, _____ herein referred to as *Association* and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the *Association* may contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the *Association* to furnish the above mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the *Association* at any time during my occupancy with the *Association*.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request to the personnel department of the *Association*, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the *Association* based on information contained in the report.

Upon proper identification and payment permissible by law, you have the right to request from the *Association* a copy of any information in its file on you at the time of your request.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

Applicant Information

Print Name: _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Driver License Number: _____ Driver's License State _____

IMPORTANT: The following information will be used by United Screening Services Corporation for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Maiden, Other and/or Former Name(s) _____

Race/National Origin: _____ Gender: Male Female Date of Birth: _____

Signature: _____ Date: _____

SEYBOLD POINTE CONDOMINIUM ASSOCIATION, INC.

MOVE-IN FORM

Date Form Submitted: _____

Name of Residents Moving In: _____

Unit No.: _____

Contact Phone No.: _____

Date of Move In: _____

You must coordinate with the day time security officer so that elevator mats are put up in the elevator for protection. Do not drag any furniture or boxed items on the hallway carpeting. Take care not to hit the hallway walls with furniture.