



- INSTRUCTIONS:
1. If applicants are not legally married, an application on each person must be completed.
  2. Print legibly or type all information. Account, telephone numbers, and complete addresses are required.
  3. If any question is not answered, this application may be returned, not processed, or not approved.
  4. Missing information will cause delays in processing your application.
  5. Only the applicants are authorized to sign all forms.
  6. Any misrepresentation or falsification of information may result in your disqualification.

**PROCESSING FEE IN THE AMOUNT OF \$100 MUST BE PAID UPON APPLICATION – MONEY ORDER OR CASHIER’S CHECK**

**APPLICATION FOR NEW OWNER AND TENANT(S)**

Applicant Phone Number: \_\_\_\_\_ Applicant Email Address: \_\_\_\_\_

**PRINT OR TYPE** Purchase \_\_\_\_\_ or Lease \_\_\_\_\_ How Long? \_\_\_\_\_

Apt. No. \_\_\_\_\_ Address NW 44<sup>th</sup> Street Ft. Lauderdale, FL 33309 Date: \_\_\_\_\_

Desired Date of Occupancy \_\_\_\_\_ Anticipated Closing Date (if sale) \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_  
 (Passport, Alien Green Card, Social Security #)

Spouse \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Phone # \_\_\_\_\_ (Passport, Alien Green Card, Social Security #)

single  married  significant other  sep. \_\_\_\_\_  div. \_\_\_\_\_  widowed \_\_\_\_\_

No. of people who will live here Adults (over 18) \_\_\_\_\_ Children (over 18) \_\_\_\_\_ Children (under 18) \_\_\_\_\_

Other Persons who will occupy the apartment with you

Name	Age	Relationship/Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will this be your year-round address?  Yes  No If no, please provide alternative address and estimated periods of residency.

Street Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 Residency Period

Description of Pets	Breed	Color	Weight
_____	_____	_____	_____
_____	_____	_____	_____

Driver’s License#1 \_\_\_\_\_ Driver’s License #2 \_\_\_\_\_ Driver’s License #3 \_\_\_\_\_

No. of cars you will park at this address: \_\_\_\_\_ Are any of these commercial vehicles?  Yes  No

Make	Model	Year	Color	Plate #	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

IN CASE OF EMERGENCY, PERSON TO BE NOTIFIED:

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Alt. Phone # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**RESIDENTIAL HISTORY:**

**PRINT OR TYPE**

1	Present address	_____	How long	_____
		_____ zip _____	Phone #	_____
	Landlord	_____	Phone #	_____
	Address	_____	Mortgage #	_____
2	Prior address #1	_____	How long	_____
		_____ zip _____	Phone #	_____
	Landlord/Lender	_____	Phone #	_____
	Address	_____	Mortgage #	_____
3	Prior address #2	_____	How long	_____
		_____ zip _____	Phone #	_____
	Landlord/Lender	_____	Phone #	_____
	Address	_____	Mortgage #	_____

**EMPLOYMENT REFERENCES**

1	Employed by (or retired from)	_____	Phone #	_____
	Address	_____		
	Position	_____	How long	_____
			Monthly Income	_____
2	Previous Employer	_____	Phone #	_____
	Address	_____		
	Position	_____	How long	_____
			Monthly Income	_____
3	Spouse's Employed or retired from)	_____	Phone #	_____
	Address	_____		
	Position	_____	How long	_____
			Monthly Income	_____
4	Spouse's Prev. Employer	_____	Phone #	_____
	Address	_____		
	Position	_____	How long	_____
			Monthly Income	_____

How you ever seasonally resided in Florida before?  Yes  No. If yes, please state name, address, and dates of residency.

Have you or any proposed occupant ever been convicted of or pled to a crime?  Yes  No. If yes, please state date(s), charge(s),

Disposition(s) and location(s) \_\_\_\_\_

**PRINT OR TYPE**

**BANK REFERENCES**

1 Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Officer's Name \_\_\_\_\_  
 Account # \_\_\_\_\_ [ ] Checking [ ] Savings How long \_\_\_\_\_

2 Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Officer's Name \_\_\_\_\_  
 Account # \_\_\_\_\_ [ ] Checking [ ] Savings How long \_\_\_\_\_

3 Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Officer's Name \_\_\_\_\_  
 Account # \_\_\_\_\_ [ ] Checking [ ] Savings How long \_\_\_\_\_

**CHARACTER REFERENCES**

1 \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Office Phone \_\_\_\_\_

2 \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Office Phone \_\_\_\_\_

3 \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Office Phone \_\_\_\_\_

1. I hereby agree for myself and on behalf of all persons who may use the apartment that I seek to lease:
  - a. I will abide by all of the restrictions contained in the Bylaws, Declaration of Condominium Rules & Regulations, and restrictions that are or may in the future be imposed by **THE ASSOCIATION**
  - b. I understand that no lease of a unit shall be for a period of less than six (6) months and one (1) day.
  - c. I understand that I must be present when any guests, relatives, visitors, contractors, or children who are not permanent residents occupy the apartment, perform work on the apartment, or use the recreational facilities of the Association.
  - d. I understand that leasing, subleasing, or occupancy of this apartment in my absence and without Association approval is prohibited.
  - e. I understand that any violation of the terms, provisions, conditions, and covenants of **THE ASSOCIATION** documents provides cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances.
2. I have received from the owner a copy of:
  - a. All Association documents and Rules & Regulations [ ] Yes [ ] No
3. I understand that the Association has 30 days from the receipt of a completed application to approve or deny the application. I understand that I will be advised by the Association's representative of either acceptance or denial of this application in writing. **Occupancy prior to Association approval is strictly prohibited.**
4. I understand that the acceptance of a lease at **THE ASSOCIATION** is conditioned in part upon the truth and accuracy of this application and upon the Association of the Association. Any misrepresentation, falsification, or omission of information on these forms will result in the automatic disqualification of my application.
5. I understand that **THE ASSOCIATION** may cause to be instituted an investigation of my background as the Association may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management, and RENTERES REFERENCE OF FLORIDA, INC. to make such investigation and agree that the information contained in this application be by used in such investigation and that the Board of Directors, Officers and Management of **THE ASSOCIATION** itself 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 Association
6. **I have submitted a check in the amount of \$100.00 made payable to Summer Lake Condominium Association, Inc. for the processing and approval of said lease of unit. Check # \_\_\_\_\_**

In making the forgoing application, I am aware that the decision of **THE ASSOCIATION** will be final and no reasons will be given for any action taken by the Association. I agree to be governed by the determination of the Association.

\_\_\_\_\_  
Applicant Applicant

\*\*\*\*\*

**ASSOCIATION USE ONLY**

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

Approved / Denied by: \_\_\_\_\_

\_\_\_\_\_  
(Print Name and Title)

**COPY OF LEASE MUST BE ATTACHED**

**And**

**ENCLOSE A CHECK IN THE AMOUNT OF \$100.00 per person  
MONEY ORDER OR CASHIER'S CHECK ONLY**

**Payable to: Summer Lake Condo Assoc.**

**(Please note: Processing will not start until both are received)**

**Please mail the check and application to:**

**Summer Lake Condominium, Inc.**

**Attn: Angela Vergara, LCAM**

**3481 NW 44<sup>th</sup> Street**

**Oakland Park, FL 33309**

**Phone (954) 733-8424**