



PARC COURT CONDOMINIUM ASSOCIATION  
SALES/LEASE APPLICATION CHECKLIST

Condominium approval is required to buy or lease a unit. The attached application forms **MUST** be completed in full by each adult applicant, 18 years or older, (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 PARC COURT**. This application fee is non-refundable.

If any question is not answered or left blank, this application may be returned, not processed and not approved. In addition, the following items are required to accompany the application forms and fee:

- \_\_\_\_\_ 1. Please attach a copy of the sales contract or lease agreement along with a photo ID for each adult occupant when turning in this application.
- \_\_\_\_\_ 2. Please attach a current copy of your credit report.
- \_\_\_\_\_ 3. **All leases must include a common area security deposit equal to one (1) months rent, payable to Parc Court. Submit the deposit check with your application – the check will not be deposited until your application has been approved by the board. The check must be written by the unit owner, per section 18.1.3 of the Declaration of Condominium. This deposit is refundable at the end of the term of the lease (as long as there was no damage to the common areas.**
- \_\_\_\_\_ 4. **Sales/Lease Agreement Sheet – signed acknowledgement that upon Ambassador's receipt of the information requested above, you must allow thirty (30) days for processing and screening before moving in, and that you agree to abide by all restrictions contained in the Declaration, By-Laws, Rules & Regulations, and restrictions which are or may in the future be imposed by the association.**

Occupancy prior to screening and approval is prohibited.

APPLICATIONS WILL NOT BE ACCEPTED BY FAX



**SALES/LEASE AGREEMENT**  
**PRINT ALL INFORMATION FOR PARC COURT CONDOMINIUM ASSOCIATION, INC.**

Name of Proposed Purchaser(s)/Lessee(s): \_\_\_\_\_

Property Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

1. I/We hereby agree for myself and on behalf of all persons who may use the unit:
  - a. I will abide by all of the restrictions contained in the Declaration, By-Laws, Rules & Regulations, and restrictions which are or may in the future be imposed by the association.
  - b. 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/We understand that the approval is conditioned upon the truth and accuracy of the application and upon the approval of the Board of Directors. Any false statements are cause for denial.
  
3. I/We hereby authorize the Board of Directors, Management and any credit reporting agency chosen by same, for a criminal check to be made, verification of information I provided, and communication with any and all names listed on this application. I agree that the information contained in this and the attached application may be used for such investigation, and that the Board of Directors, and/or Management, shall be held harmless from an action or claim by me in connection with the use of information contained herein.

The applicant(s) noted below acknowledges that they have completed and submitted all required application forms for Parc Court Condominium Association, Inc., and have paid all monies due for processing.

**By signing below, applicant(s) agree to allow thirty (30) days to process, screen, and approve all applications and that occupancy prior to approval is prohibited.**

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_



## **Active U.S. Service Members Only**

Pursuant to Florida Statute §83.683 of the Florida Residential and Tenant Act, where a prospective tenant is a servicemember, a community association must complete the processing within seven (7) days after the submission of an application and must approve or disapprove of that lease, in writing, approval or denial and, if denied, the reason for denial.

**“Servicemember” means any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces.**

Please provide the following information as well as a copy of your Military ID upon submitting your application for Lease.

1. State what branch you are currently serving in

\_\_\_\_\_

2. Sign and date \_\_\_\_\_ 20\_\_

By signing this form, you acknowledge that you are on “Active Duty” in the U.S. Armed Services and are submitting an application to Lease in the Association.

**PARC COURT CONDOMINIUM ASSOCIATION  
PET REGISTRATION FORM**

**Applicant Information**

Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Pet Information**

Type: Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Pet's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Pet's License/Tag # \_\_\_\_\_

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**Please supply a certificate/letter from your veterinarian with regards to pet vaccinations.**

Unit owner agrees that they will be responsible for all damages caused by pet to the common areas. Unit owner agrees to hold the association, its management, and employees harmless and indemnify the same in any liability or damage arising from housing of pets on the property,

**Please submit a picture of your pet along with this Pet Registration Form.**

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**I have read and agree to abide by the Parc Court Condominium Association Rules & Regulations regarding pets.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PARC COURT CONDOMINIUM ASSOCIATION, INC.

## ELECTRONIC COMMUNICATIONS

### EMAIL AUTHORIZATION FORM

Electronic dissemination is the primary method of communication for Parc Court Condominium Association, Inc. (the "Association"). We use both our website and electronic notifications via email to update residents with important information.

Florida statute states it is against the law to send mass emails to owners without their written consents. By completing and signing this form, you are authorizing the Association and Ambassador Community Management, Inc. to send you important and/or special information via email.

I hereby authorize and consent to the delivery of notices and other communications from the Association by electronic email.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**READ FIRST:** Complete all questions and fill in all blanks. All information supplied is subject to verification. 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, application can be cancelled, but your fee will not be refunded. **Print or type all information.** Rev. 05/2019

## PARC COURT CONDOMINIUM ASSOCIATION, INC. APPLICATION FOR OCCUPANCY

**Check one:**  Purchase  Lease      **Address Applied For:** \_\_\_\_\_

<b>Applicant Name:</b> _____	
Social Security #: _____	Date of Birth: _____
Mobile Phone Number: _____	Email Address: _____
Driver License #: _____	License Plate #: _____ State: _____
Make and Model of Vehicle: _____	
Have you ever been convicted of any crime? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain below)	
Charge(s): _____	Date(s): _____ County/State _____
Other legal or maiden name: _____	

<b>Spouse/Secondary Applicant Name:</b> _____	
Social Security #: _____	Date of Birth: _____
Mobile Phone Number: _____	Email Address: _____
Driver License #: _____	License Plate #: _____ State: _____
Make and Model of Vehicle: _____	
Have you ever been convicted of any crime? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain below)	
Charge(s): _____	Date(s): _____ County/State _____
Other legal or maiden name: _____	

**Please list Name, Age and Relationship of any others that will occupy the property.** Anyone over age 18 must complete an application


### PART I - RESIDENTIAL HISTORY

<b>Present Address:</b> _____		City: _____	State: _____
Check one:	<input type="checkbox"/> Own Home <input type="checkbox"/> Rent Home/Apt <input type="checkbox"/> Live with a Parent/Family Member <input type="checkbox"/> _____		
Name of Apartment/Condo _____		Rent/Mtg Amount:\$ _____	Telephone # _____
Name of Landlord/Mortgage Company: _____		Dates of Residency: _____	
<b>Previous Address:</b> _____		City: _____	State: _____
Check one:	<input type="checkbox"/> Owned Home <input type="checkbox"/> Rented Home/Apt <input type="checkbox"/> Lived with a Parent/Family Member <input type="checkbox"/> _____		
Name of Apartment/Condo _____		Rent/Mtg Amount:\$ _____	Telephone # _____
Name of Landlord/Mortgage Company: _____		Dates of Residency: _____	
<b>Previous Address:</b> _____		City: _____	State: _____
Check one:	<input type="checkbox"/> Owned Home <input type="checkbox"/> Rented Home/Apt <input type="checkbox"/> Lived with a Parent/Family Member <input type="checkbox"/> _____		
Name of Apartment/Condo _____		Rent/Mtg Amount:\$ _____	Telephone # _____
Name of Landlord/Mortgage Company: _____		Dates of Residency: _____	

## PART II – EMPLOYMENT REFERENCES

\* Include a recent copy of an earnings statement to expedite processing \*

Applicant Employed by: _____		Supervisor's Name: _____	
Job Title: _____	Dates of Employment	From: _____	To: _____
Monthly Gross Income: _____	Phone #: _____	Fax #: _____	

Applicant Employed by: _____		Supervisor's Name: _____	
Job Title: _____	Dates of Employment	From: _____	To: _____
Monthly Gross Income: _____	Phone #: _____	Fax #: _____	

## PART III – BANK REFERENCES

\* Include a recent copy of a bank statement to expedite processing \*

Bank Name: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Acct.# _____
Address: _____	City: _____		State: _____
Bank Name: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Acct.# _____
Address: _____	City: _____		State: _____

## PART IV – CHARACTER REFERENCES

No Family Members

1. Name _____	Address: _____	City: _____
Daytime Phone # _____	Email Address: _____	
2. Name _____	Address: _____	City: _____
Daytime Phone # _____	Email Address: _____	
3. Name _____	Address _____	City: _____
Daytime Phone # _____	Email Address: _____	

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 or their agent, Associated Credit, may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# *ASSOCIATED CREDIT REPORTING, INC.*

Established 1985

4690 NW 103rd Avenue, Sunrise, Florida 33351  
www.associatedcreditreporting.com

Phone: 754-216-0025  
Toll Free: 800-676-7640  
Fax: 954-635-2157  
Toll Free Fax: 800-235-7185

## **\*\*\*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), \_\_\_\_\_, 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)