



Ambassador
Community Management

7100 West Commercial Blvd. Suite 107

Lauderhill, Fl. 33319

954-741-8811

www.ambassadormanagement.com

SABAL PALMS CONDOMINIUM ASSOCIATION INC.
LEASE PACKAGE
THIS IS A 55 YEARS OF AGE AND OLDER COMMUNITY.
ALL RESIDENTS MUST BE 55 OR OLDER

SABAL PALM CONDOMINIUM INC. is a community designed and intended to provide housing for residents who are age 55 or over. No permanent occupancy of any unit is permitted by a person under age eighteen (18). Units must be permanently occupied by at least one person age 55 or over. This application and authorization forms **MUST** be completed in detail by each proposed adult occupant, other than husband/wife (which is considered one application,) and returned to **Ambassador Community Management along with a \$100.00 check or money order made payable to SABAL PALMS CONDOMINIUM**. If any question is not answered or left blank, this application will be returned, not processed and not approved. In addition, the following items and or terms are required to accompany the application forms and fee.

APPLICATIONS WILL NOT BE ACCEPTED BY FAX OR E-MAIL!

1. Signed copy of the Lease Agreement along with photo ID for each adult occupant.
2. Copy of a current Credit Report from a qualified credit agency showing a score of at least 675.
3. No commercial vehicles, truck, boats, trailers, motor homes, mobile homes, campers, recreation vehicles, (in excess of 18 feet) etc. are permitted to park on the premises. : Only 1 assigned parking space available per unit.
4. No commercial vehicles, truck, boats, trailers, motor homes, mobile homes, campers, recreation vehicles, (in excess of 18 feet) etc. are permitted to park on the premises. : Only 1 assigned parking space available per unit.
5. The owner must provide the renter with the Association Rules & Regulations.
6. No more than 2 occupants per bedroom are allowed to occupy unit.
7. No lease shall be for more than one (1) year and only one (1) lease is permitted in a 12 month period.
8. No pets are allowed at any time.

This 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!

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, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! ****

APPLICATION FOR OCCUPANCY

Association Name: Sabal Palm Villas Condominium

Circle one: Purchase - Lease - Occupant - Unit.# _____ Bldg.# _____ Address applied for: _____

Full Name _____ Date of Birth _____ Social Security # _____

Circle One: 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) _____

Applicant's Cell Number(s) _____ Applicant's Email Address _____

Spouse _____ Date of Birth _____ Social Security # _____

Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

Spouse's Cell Number(s) _____ Spouse's Email Address _____

No. of people who will occupy unit - Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

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 _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Are you on the Lease? _____ If not, who is the leaseholder? _____ Are you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

B. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

C. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

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)

- 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 _____

Are you using a realtor? Yes _____ No _____ If yes: Realtor's name _____
 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

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)

AFFIDAVIT

SABAL PALM CONDOMINIUM ASSOCIATION, INC.
5000 E. SABAL PALM BOULEVARD
TAMARAC, FLORIDA 33319
PHONE: 954-971-5510 FAX: 954-971-5579

BUILDING: _____

UNIT: _____

APPLICANTS

NAME(S): _____

I, WE, THE UNDERSIGNED, HAVE READ AND
ACKNOWLEDGED THE DECLARATION OF CONDOMINIUM,
BYLAWS, ARTICLES OF INCORPORATION, AND RULES AND
REGULATIONS, AS AMENDED OF SABAL PALM
CONDOMINIUM ASSOCIATION, INC.

I, WE, AGREE TO ABIDE BY THE ABOVE WITH THE
UNDERSTANDING THAT IT IS FOR THE HEALTH, SAFETY
AND WELFARE OF THE OWNERS AND OF THE RESIDENTS.

DATE: _____
SIGNATURE OF AFFIANT

DATE: _____
SIGNATURE OF AFFIANT

Sabal Palm Village Condominium Association, Inc.

c/o Ambassador Community Management

7100 W Commercial Blvd, Suite 107

Lauderhill, Florida 33319

954-741-8811 Ext 205

lisa@ambassadormanagement.com

ADDENDUM TO APPLICATION

I, _____ understand, acknowledge and will abide by the Rules and Regulations pertaining to the issue of outsiders and/or renters living in your unit.

Per the Rules and Regulations,

1. You must be 55 years or older to own or rent.
2. You cannot rent your unit if it was purchased after 2010.
3. No individual may stay in your unit without you being present.
4. Visitors are only allowed to stay for 30 days, no longer, with the owner being present full time. If they stay more than 30 days with you, they will be required to submit an application for residency.
5. All guests with cars must have a guest sticker with valid dates on it.
6. Failure to abide by these Rules and Regulations will result in legal action, with all costs coming out of your pocket.

Name of lessee _____

Building/Unit to be purchased _____

Sworn to and subscribed by me this _____ day of _____ 20____

State of Florida

County of Broward County

The foregoing instrument was acknowledged before me this _____ day of _____, 20____. The signer is Personally Known _____ or Produced Identification _____. Type of Identification produced _____.

Notary Seal:

Notary Public Signature _____