



Ambassador Community Management

7100 West Commercial Blvd. Suite 107

Lauderhill, FL 33319

954-741-8811

www.ambassadormanagement.com

The Greens of Inverrary Condominium **Long Term** Lease application

THIS IS A COMMUNITY FOR PERSONS 55 YEARS OF AGE AND OLDER

The attached application forms **MUST** be completed in full **by each applicant**, (other than Husband/Wife which is considered one application) and return to Ambassador Community Management a minimum of thirty (30) days prior to the expected lease start date. Attach a **\$100.00** application fee for each application made payable to **The Greens of Inverrary**. This application fee is non-refundable. Acceptance of the processing fee does not in any way constitute approval of this application. In addition, the following items and or terms are required to accompany the application forms and fee.

1. A copy of the **Signed Lease agreement** along with **photo Identification (as proof of age)** for each adult occupant. **Proof of marriage is required if the last names are different**.
2. If any question is not answered or left blank, this application will be returned, not processed and not approved
3. **When submitting documents that are written in any language other than English you must supply the translation of the document, written in English.**
4. All applicants must make themselves available for a personal interview prior to the final Association approval. **Occupancy prior to approval is strictly prohibited.**
5. Copy of Pay stubs showing year-to-date income or, if retired, copy of Bank Statements.
6. A copy of a current Credit Report from a certified credit agency is required.
7. No pets allowed at any time.
8. Use of this unit is for Single family residence only- No corporations, companies or partnerships may purchase an apartment. Occupancy limit is two (2) persons per bedroom.
9. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, motorcycles, etc. are permitted to park on the premises overnight.

6-18-19



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The Greens of Inverrary Condominium Association

THIS COMMUNITY IS FOR PERSONS WHO ARE 55 YEARS OF AGE AND OLDER

PLEASE PRINT ALL INFORMATION: Bldg. # _____ Unit # _____

Name of Realtor handling transaction: _____ Phone: _____

Name(s) of 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, Declaration of Condominium, Rules & Regulations and all other Governing Documents which currently exist or may be amended in the future 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 Governing Documents provide cause for immediate action as therein provided for in the these Documents.
 - e. That myself and all permanent residents are 55 years of age or older.
2. I have received a copy of the Rules & 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 agency 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 committee members shall be held harmless from any action or claim by me in connection with the use of this 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 I agree to be governed by the determination of the Board of Directors.

Applicant: _____ Applicant: _____
 Signature Date Signature Date



Active U.S. Service Members Only

Pursuant to (Fla.Stat. §83.683) of the Florida Residential Landlord and Tenant Act.

If you are a member of the U.S. Armed Forces "On active duty or state active duty", member of the Florida National Guard, or member of the U.S. 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.

THE GREENS OF INVERRARY

THIS IS A COMMUNITY FOR PERSONS 55 YEARS OF AGE AND OLDER

1. In making the foregoing application, I represent to the Association that the purpose of the purchase of an apartment at THE GREENS OF INVERRARY is as follows:

Permanent Residence: _____

Seasonal Residence: _____

Other: _____

2. I hereby agree that all persons who may use the apartment which I seek to purchase will abide by all of the restrictions contained in the By-Laws, the Rules & Regulations, the Association Documents, and any restrictions which may be imposed in the future by the GREENS OF INVERRARY.
3. I HAVE RECEIVED A COPY OF ALL Association Documents and a copy of the Rules & Regulations: Yes_____ No_____
4. I understand that the Association will advise me of either acceptance or denial of the application. Occupancy prior to Association approval is prohibited.
5. If this application is accepted, I will provide the Association with a copy of the recorded deed after the closing.
6. I understand that there is a restriction on pets and that I may NOT bring a pet into THE GREENS OF INVERRARY nor acquire one either temporally or permanently after occupancy.
7. I understand that the acceptance of purchase of a unit at THE GREENS OF INVERRARY is conditional in part upon the truth and accuracy of this application and upon the approval of the Association. Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of my application.

8. I understand that the Association may do an investigation of my background, as the Association may deem necessary. Accordingly, I specifically authorize the Association and Associated Credit Reporting, Inc. to make such investigation. I agree that the information contained in this and the attached application may be used in such investigation, and that the Association, THE GREENS OF INVERRARY, itself, shall be held harmless from any action of claim by me in connection with the use of the information contained herein or any investigation conducted by the Association.

In making the foregoing application, I am aware that the decision of THE GREENS OF INVERRARY CONDOMINIUM ASSOCIATION will be final. I agree to be governed by the determination of the Association.

APPLICANTS SIGNATURE: _____

APPLICANTS SIGNATURE: _____

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: Greens of Inverrary Long Term Lease

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, _____, 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)