



**Ambassador**  
Community Management

Since 1992

**MELALEUCA GARDENS CONDOMINIUM ASSOCIATION**  
**SALE / LEASE PACKAGE**

**THIS IS A 55 YEARS OF AGE AND OLDER COMMUNITY.**  
**ALL RESIDENTS MUST BE 55 OR OLDER**

The attached application forms **MUST** be completed in full by each adult applicant.  
(other than Husband/Wife 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 **MELALEUCA GARDENS CONDOMINIUM.**  
This application fee is non-refundable. In addition, the following items and or terms are required to accompany the application forms and fee.

1. Signed copy of the Sales Contract / lease agreement along with photo ID for each adult occupant.
2. Copy of a current Credit Report from a certified credit agency showing a minimum score of 700
3. Minimum verifiable annual revenues of \$40,000 or minimum asset value of \$70,000.
4. Three (3) personal letters of reference to include phone numbers where reference can be verified.  
Letters cannot be from relatives.
5. Letter of reference from current landlord or Mortgage holder.

**IMPORTANT NOTE:** Melaleuca Gardens Condominium is a community designed as housing for persons 55 years of age and older. The only exception to this policy will be in the case of a Husband and Wife, where one spouse is under the age of 55.

This Sales/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!**

**APPLICATIONS WILL NOT BE ACCEPTED BY FAX**



# Ambassador

Community Management

PRINT all information: Association Name \_\_\_\_\_ Bldg. # \_\_\_\_\_ Unit# \_\_\_\_\_

Name of Realtor handling transaction \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Mortgage Company \_\_\_\_\_ Phone# \_\_\_\_\_

Name(s) of proposed purchaser/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, Rules & Regulations, and restrictions which are or may in the future be imposed 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 documents provide cause for immediate action as therein provided for in the Association Documents.
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 committees members shall be held harmless from and action or claim by me in connection with the use of the 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 no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

APPLICANT \_\_\_\_\_ Date \_\_\_\_\_ APPLICANT \_\_\_\_\_ 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.

## Mortgage Commitment letter

Unless this is a cash sale, a Mortgage Commitment letter from the bank/mortgage company must accompany the application.

Applications will not be accepted for processing unless the Mortgage Commitment letter is included with this packet.

Mortgage Commitment letter must state

1. The amount of the loan
2. The rate of the loan
3. The terms of the loan
4. The monthly payment
5. The interest

By signing below, you accept and agree to the requirement of supplying the Mortgage Commitment Letter and understand that your application may be denied if you are unable to comply with this requirement.

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Signature of Applicant

Date

---

Signature of Applicant

DATE

**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: Melaleuca Gardens

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)

APPLICATION FOR SHORT TERM, SEASONAL LEASE

Name of Community: **MELALEUCA GARDENS CONDOMINIUM** Date: \_\_\_\_\_

Unit Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_ Phone: \_\_\_\_\_

I/we submit the following information to the Board of Directors regarding my/our lease of the unit listed above. **Picture identification on each lessee must accompany this application as proof that lessee(s) are 55 years of age or older.**

Lease Term is From \_\_\_\_\_ to \_\_\_\_\_

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE PROSPECTIVE LESSEE:

Lessee Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Lessee Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

<u>Vehicle Make &amp; Model</u>	<u>Year</u>	<u>Lic. Tag #</u>	<u>State</u>
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\_\_\_\_\_

**A TRANSFER FEE OF \$100.00 MUST ACCOMPANY THIS APPLICATION, PAYABLE TO MELALEUCA GARDENS CONDOMINIUM - ALL MAINTENANCE FEES FOR THIS UNIT MUST BE CURRENT OR SHORT TERM LEASE WILL NOT BE APPROVED.**

I/we understand that acceptance for lease in this Community is conditioned upon the approval of the Board of Directors. Accordingly, I/we hereby agree for myself and on behalf of all persons who may use the unit which I/we seek to lease that I/we will abide by all restrictions contained in the Declaration of Condominium and Rules and Regulations which may currently be in effect or which may in the future be imposed by the Board of Directors. I/we will read the Rules and Regulations upon arrival. **IT IS UNDERSTOOD THAT NO PETS ARE ALLOWED.**

I/we understand that sub-leasing or occupancy of this unit in my/our absence by others is not permitted without prior written approval of the Board of Directors.

I/we understand that payment of the \$100.00 transfer fee does not in any way constitute approval for this transaction.

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

THIS APPLICATION MUST BE MAILED TO AMBASSADOR MANAGEMENT TWO (2) WEEKS PRIOR TO THE ARRIVAL OF LESSEE TO UNIT.