



ROYAL POINCIANA APPLICATION FORM

PLEASE SUBMIT THE FOLLOWING WITH THE APPLICATION

\$150.00 APPLICATION FEE PER PERSON
3 TO 4 MONTHS OF PAYSTUBS
CONTRACT TO LEASE (6-12 months)
DRIVERS LICENSE/ ANY FORM OF ID
VEHICLE REGISTRATION(S)
CURRENT PET VACCINATIONS & PICTURES

KEEP IN MIND IT TAKES 15 TO 25 BUSINESS DAYS FOR PROCESSING AND ASSOCIATION BOARD APPROVAL (NO RUSH FEE)

ALL ADULTS LIVING IN THE UNIT MUST SUBMIT AN APPLICATION AND BE PLACED ON THE LEASE. ALL CHILDREN LIVING IN THE UNIT MUST BE DECLARED ON THE APPLICATION

NO MORE THAN 2 CARS PER UNIT* & NO MORE THAN 2 PETS PER UNIT*

ENTIRETY OF APPLICATION MUST BE FILLED AND COMPLETED INCLUDING OWNERS SIGNATURES/ MAINTENANCE INFORMATION. AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED/ PROCESSED

SUBMISSION: APPLICATION MUST BE MAILED TO THE ASSOCIATION OR DROPPED OFF IN PERSON. NO SUBMISSIONS WILL BE ACCEPTED VIA EMAIL

IF APPROVED PLEASE NOTE AN ORIENTATION MUST BE COMPLETED WITH THE OFFICE PRIOR TO MOVING IN

FUTURE EXPENSES:
ONCALL PARKING PERMIT: \$70.00 PER VEHICLE PER YEAR*
GYM KEY: \$50.00*
GATE CLICKER/REMOTE: \$75.00*
MAILBOX KEY: \$25.00 (TO CHANGE LOCKS)*

If you have any questions, please FIRST contact the listing agent for concerns regarding the application. Further contact information may be found on page 4.

*EACH UNIT IS ASSIGNED ONE PARKING SPACE, A SECOND VEHICLE IS DETERMINED BY BOARD APPROVAL.

*COSTS MAY BE SUBJECT TO CHANGE YEARLY

*WEIGHT RESTRICTIONS APPLY PLEASE INQUIRE WITH THE OFFICE



A **NON-REFUNDABLE** application fee & background check fee of \$150 per person is required to be paid in the form of a money order or certified bank check. New owner(s) / tenant(s) must be approved by the Board prior to sale or lease. *****REQUIRES A 650 OR HIGHER CREDIT SCORE PER ADULT RESIDENT***** please also provide a copy of **Driver's license(s)** .Board requires tenants for lease income to be 2.5 times the rent, calculated from the **NET income and NOT the gross.**

NEW OWNER(S) / TENANT(S) APPLICATION

PRINT OR TYPE

Purchase _____ or Lease _____ How Long? _____

Apt. No. _____ Address _____ Date: _____

Desired Date of Occupancy _____ Phone number _____

Name 1: _____ Birth Date _____ Social Security # _____
(Passport, Alien Green Card, Social Security #)

Name 2: _____ Birth Date _____ Social Security # _____

Phone # 1: _____ Phone # 2: _____

Email 1: _____ Email 2: _____

[] single [] married [] significant other [] Sep. [] div. [] Widowed [] Other _____

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 or frequent visitors

Occupants or Frequent Visitors	DOB	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 _____

****NO VICIOUS BREEDS**** _____ Breed _____ Color _____ Weight _____

Driver's License#1 _____ Driver's License#2 _____

No. of cars you will park at this address: _____ Are any of these commercial vehicles? [] Yes [] No

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

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

IN CASE OF EMERGENCY, PERSON TO BE NOTIFIED: Name: _____ Relationship: _____

Address _____ Phone # _____

City _____ State _____ Zip _____



**RESIDENTIAL HISTORY: Please fill out all parts of all past history
PRINT OR TYPE**

1	Present address	_____	How long	_____
		_____ zip _____	Phone #	_____
	Landlord/Lender	_____	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	<u>Applicant 1 Employed by</u>	_____	Phone #	_____
	Address	_____		
	Position	_____	How long	_____
			Net Monthly Income:	_____
	<u>Applicant 1 Previous Employer</u>	_____	Phone #	_____
	Address	_____		
	Position	_____	How long	_____
			Net Monthly Income:	_____
2	<u>Applicant 2 Employed by</u>	_____	Phone #	_____
	Address	_____		
	Position	_____	How long	_____
			Net Monthly Income:	_____
	<u>Applicant 2 Previous Employer</u>	_____	Phone #	_____
	Address	_____		
	Position	_____	How long	_____
			Net 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) _____

**YOUR APPLICATION FOR RESIDENCY WILL BE SUBJECT TO A BACKGROUND CHECK BY
SIGNING AND COMPLETING THIS APPLICATION YOU ARE IN AGREEMENT**



BANK REFERENCES (ONLY REQUIRED FOR THOSE WHO WILL PURCHASE A UNIT, IF YOU ARE RENTING YOU DO NOT NEED TO FILL THIS SECTION)

1	Bank Name _____	Phone # _____
	Address _____	Officer's Name _____
2	Bank Name _____	Phone # _____
	Address _____	Officer's Name _____
3	Bank Name _____	Phone # _____
	Address _____	Officer's Name _____

CHARACTER REFERENCES (REQUIRED FOR ALL PURCHASES AND TENANT APPLICATIONS)

1	_____	Home Phone _____
	Address _____	
2	_____	Home Phone _____
	Address _____	
3	_____	Home Phone _____
	Address _____	

Applicant 1 _____	Date _____	Applicant 2 _____	Date _____
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By signing and completing this application you agree to a background check and all terms set forth in this application. Further, if approved by the association you agree to abide by all terms set forth in the Condominium documents, as well as local and state laws. Return this form via mail delivery or drop off in person along with **\$150 fee per person** to Royal Poinciana, 1275 SW 46th Avenue, Clubhouse, Pompano Beach, FL 33069 for processing and approval. **APPROVAL MUST BE ISSUED PRIOR TO RESIDENCY, ALONG WITH AN ORIENTATION TO BE COMPLETED PRIOR TO RESIDENCY.**

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If you have any questions, please FIRST contact the listing agent for concerns regarding the application process. Association contact: Phone: 954-917-5033 email: chrysanthia@royalpcondo.com AND vania@royalpcondo.com be sure to add both to any email correspondence.
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(Association Use Only)

SUBMITTED TO BOARD: DATE _____ () APPROVED BY BOARD: DATE _____ () NOT APPROVED
() INCOMPLETE *Form must be completed entirely & re-submitted for approval

PRINT NAME _____ SIGNATURE _____
TITLE _____ OF ROYAL POINCIANA CONDOMINIUM ASSOCIATION, INC



EMPLOYMENT VERIFICATION

This page must be completed and turned in with 3 to 4 months of paystubs

TO: (Name and address of employer)

Date: _____

Phone # _____

Fax # _____

RE: _____

Applicant / Tenant Name

Social Security Number

Unit# (if assigned)

I hereby authorize release of my employment information.

Signature Owner Applicant Tenant

Date

I hereby authorize Royal Poinciana Condominium to conduct employment verification for rental purposes. Additionally, I hold both Royal Poinciana Condominium and my employer harmless for any claims against them for filling out this form, commenting on the form, or any discussion regarding this form and its subject matter.

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee name: _____

Job Title: _____

Presently Employed: Yes: _____ No: _____ Date First Employed: _____ Last Day of Employment : _____

Current Wages/Salary: \$ _____ (check-one)

() hourly () semi-monthly () monthly () yearly () other _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s):

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer's (Company) Name and Address

Phone #

Fax #

E-mail



DECLARATION OF UNIT OCCUPANCY

I, _____, PROSPECT TENANT OF
UNIT _____ WOULD LIKE TO DECLARE THAT DURING MY LEASE TERM
THE PEOPLE TO OCCUPY THE UNIT BESIDES MYSELF, WHICH ARE INCLUDED IN MY
APPLICATION WILL BE:

_____ () ADULT () CHILD

_____ () ADULT () CHILD

_____ () ADULT () CHILD

_____ () ADULT () CHILD

PLEASE BE REMINDED THAT ANYONE LIVING IN THE COMMUNITY MORE THAN 14
DAYS WITHOUT BEING REGISTERED WITH THE ASSOCIATION AND OWNER WILL RESULT
IN THE TERMINATION OF YOUR LEASE AGREEMENT AND RESIDENTIAL RIGHTS

**I ACKNOWLEDGE THAT I HAVE READ AND AGREED TO THE ABOVE
TERMS AND CONDITIONS OF THIS DECLARATION, WITH FULL
KNOWLEDGE OF ITS EFFECT**

TENANT 1: _____ TENANT 2: _____ DATE: _____



OWNERS MAINTENANCE OBLIGATION- TENANTS PAYMENT OF RENT TO ASSOCIATION

This notice is to notify you that effective July 1, 2010 a new Florida Senate Bill 1196, Chapter 718.116 dealing with Condominiums was passed regarding Owners that are delinquent in their maintenance Obligation and have Tenants renting their units:

Section 718.116(11)- Tenants to Pay Rent to Association

1. If the unit is occupied by a tenant and the unit owner is delinquent in paying any monetary obligation due to the association, the association may make a written demand that the tenant pay the future monetary obligations related to the condominium unit to the association, and the tenant must make such payment. The demand is continuing in nature, and, upon demand, the tenant must pay the monetary obligations to the association until the association releases the tenant or the tenant discontinues tenancy in the unit. The association must mail written notice to the unit owner of the associations demand that the tenant make payments to the association. The association shall upon request, provide the tenant with written receipts for payments made. **A tenant who acts in good faith in response to a written demand from an association is immune from any claim from the unit owner.**

2. The association may issue notices under s.83.56 and may sue for eviction under ss.83.59-83.625 as if the association were a property owner under part II of chapter 83 if the tenant fails to pay a required payment to the association. However, the association is not otherwise considered a property owner under chapter 83 and specifically has no duties under s.83.51

**I HAVE READ AND UNDERSTOOD THAT IN THE EVENT THAT MY UNIT IS
DELIQUENT IN PAYING ANY MONETARY OBLIGATION DUE TO THE
ASSOCIATION, AND IN RESPONSE TO A WRITTEN DEMAND BY THE
ASSOCIATION, RENT PAYMENTS WILL BE DONE TO THE ASSOCIATION UNTIL
MONETARY OBLIGATION IS MET DURING THE TERMS OF THE LEASE.**

Owners or Owners Property Manager Signature

Date

Tenant(s) Signature

Date



OWNERS MAINTENANCE INFORMATION

Please provide Royal Poinciana's office with the name and phone number of your Maintenance Company or Property Manager/Emergency Contact for your unit. Repairs inside the unit are the owner's responsibility.

We will not be able to approve any applications without this information.

ROYAL POINCIANA UNIT #: _____

MANAGEMENT CO: _____

ADDRESS: _____

DOES THE OWNER WANT MAILING SENT TO THE ADDRESS ABOVE: ____ YES ____ NO

IF NO, PLEASE PROVIDE THE MAILING ADDRESS: _____

CONTACT NAME: _____

PHONE NUMBER: _____

PM / EMERGENCY PHONE NUMBER: _____

EMAIL: _____

Owner or Owners Property Manager Signature



Disclosure Regarding Consumer Reports Pursuant to the Fair Credit Reporting Act (FCRA)

In accordance with the federal Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., notice is hereby given that a consumer report, investigative consumer report, and/or background screening assessment may be requested in connection with this application for residency.

Pursuant to statutory mandates, applicants maintain the following codified rights regarding consumer disclosures:

- * **Prior Written Authorization:** No consumer reporting agency may furnish a consumer report to a prospective lessor without the express, written execution of consent by the consumer.
- * **Notification of Adverse Action:** In the event that residency is denied, or conditional approval is predicated upon increased security deposits, guarantors, or adjusted lease terms due to information contained within a consumer report, the lessor shall provide formal notification detailing the identity, address, and contact information of the reporting agency.
- * **Right of Disclosure and Access:** Upon receipt of an adverse action notification, the consumer retains the statutory right to request a full disclosure of the file from the generating consumer reporting agency, at no charge, within a sixty (60) day period.
- * **Dispute Resolution Procedures:** Consumers possess the legal right to challenge the accuracy or completeness of any entry within their file. The consumer reporting agency is legally obligated to conduct a reinvestigation and expunge or modify any information found to be inaccurate, incomplete, or unverifiable.



AUTHORIZATION FOR FILE DISCLOSURE
PLEASE ATTACH DRIVER'S LICENSE OR PHOTO ID TO THIS FORM
APPLICANT/TENANT CONSENT

I hereby consent to allow Verify Screening Solutions, Inc., through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to, my credit report, criminal information, and eviction information for the purpose of determining my eligibility to lease/purchase an apartment. I further understand if I lease/purchase an apartment, I consent to allow Verify Screening Solution, Inc. and its designated agent/employee, for the duration of my lease, to review the following list of information to assess risk, for analytics, for process improvement, and other uses: my consumer reports, including but not limited to my credit report, criminal information, eviction information, my rental payment history, and occupancy history, and other information. The facts set forth in my application for residency are true and complete. False, fraudulent or misleading information on an application may be grounds for denial of residency or subsequent eviction. Results will be provided to:

Applicant 1 Fill and sign below:

Signature		Date
Full Name - First, Middle, and Last Name (Please Print)		
Home Address (Unit # if applicable)	APPLICANTS CONTACT #(REQUIRED)	
CITY	STATE	ZIP
Social Security Number	Date of Birth	Driver's License Number and State Issued

Applicant 2 Fill and sign below:

Signature		Date
Full Name - First, Middle, and Last Name (Please Print)		
Home Address (Unit # if applicable)	APPLICANTS CONTACT #(REQUIRED)	
CITY	STATE	ZIP
Social Security Number	Date of Birth	Driver's License Number and State Issued