

# ARBOR KEYS CONDOMINIUM ASSOCIATION, INC

## APPLICATION FOR OCCUPANCY

**Note: One person (over the age of 18) per application unless legally married to primary applicant**

FILL IN ALL THE BLANKS APPLICATIONS WILL BE RETURNED IF ANY REQUIRED SPACES ARE LEFT BLANK. IF OVER THE AGE OF 18 AND NOT MARRIED WRITE N/A

Date: \_\_\_\_\_ Desired Date of Occupancy: \_\_\_\_\_

This Application is for a Lease ( ) Purchase ( ) of Unit # \_\_\_\_\_

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

Realtor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Realtor's E-mail \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

SSN# \_\_\_\_\_ DOB \_\_\_\_\_

DL# \_\_\_\_\_ State \_\_\_\_\_

Marital Status: Married ( ) Separated ( ) Divorced ( ) Single ( )

No of people who will occupy the unit \_\_\_\_\_

Spouse's \_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

# \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_

SSN# \_\_\_\_\_ DOB \_\_\_\_\_

—

DL# \_\_\_\_\_ State \_\_\_\_\_

Are you or anyone in your household in need of special medical attention or have restricted mobility, which would require additional assistance in the event of an emergency? (This notification does not guarantee additional assistance, but every effort will be made to provide this information to authorities in the event of an emergency requiring evacuation). NO \_\_\_\_\_ YES \_\_\_\_\_  
If yes, please explain special needs ( i.e. oxygen, wheelchair, blind, deaf, etc.):

\_\_\_\_\_

**LIST OF OCCUPANTS**

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

**RESIDENCE HISTORY - At least seven (7) years of residency needs to be provided .**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Own ( ) Rent ( )

Years \_\_\_\_\_ Name of

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Own ( ) Rent ( ) Years \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Own ( ) Rent ( ) Years \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Own ( ) Rent ( ) Years \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Own ( ) Rent ( ) Years \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMPLOYMENT HISTORY- At least seven (7) years of history needs to be provided. ARE YOU: Self- Employed? Yes ( ) No ( ) Retired? Yes ( ) No ( )**

**Present Employment:**

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

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

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

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Dept / Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

**Previous Employment:** Unless you have been at your present job for more than seven (7) years, previous employment needs to be provided

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

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

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

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Dept / Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

**Spouse Present Employment:** If you are not legally married, write N/A

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

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

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

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Dept / Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

**Spouse Previous Employment:**

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

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

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

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Dept / Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

**REFERENCE (No Relatives) - References must be completely filled out.**

NAME: \_\_\_\_\_ Years Known \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ Years Known \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ Years Known \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

Have any of the applicants ever been arrested for any other than a minor traffic violation? Yes ( ) No ( ) Convicted Yes ( ) No ( )

Name of applicant

\_\_\_\_\_ If yes, please

explain \_\_\_\_\_



## APPLICATION FOR OCCUPANCY

Thank you for your interest in **Arbor Keys Condominium Association, Inc.**. The following items are required in order to process your application.

All new residents (owners and/or tenants) are required to apply with Arbor Keys Condominium Association, Inc., prior to moving in. A proposed buyer or tenant **MUST** be approved before moving in. You **MUST** obtain the required forms from the office of:

**Jackson | Lastra Property Management Group**

2333 North State Road 7 - Suite S

Margate, Florida 33063

T: 954.876.1131

Hello@JacksonLastra.com

All applications **MUST** be submitted to Arbor Keys Condominium Association, Inc % JACKSON LASTRA. All forms must be 100% complete and correct and must be signed by the appropriate parties. **Incomplete applications WILL NOT be accepted nor processed.** The following **must** be included with the application:

- Application fee / Screening fee of \$150.00 for legally married couples. All other applicants over 18 years of age must pay an additional \$150.00 per applicant made payable to: **JACKSON LASTRA PROPERTY MANAGEMENT GROUP INC.** Cashier's Check or Money Order (USPS Money orders are NOT accepted) The money order dollar value must also be clear not faded (the banks rejected them)
- If a property is for sale, an Estoppel/Questionnaire is required and can be requested from the accounting company: Preferred Accounting Services Inc. 305-661-2919
- Signed copy of the contract for sale or lease
- Completed application with a copy of all applicants' driver's licenses or photo ID.
- If the applicant(s) is/are active duty, the Application will be processed in 7 days or less. Please provide proof of active duty.
- Minimum credit score required for approval is **600**.

When the complete application package is received we will begin the process for the background screening, which can take up to thirty (30) days. Once the background screening is completed, it will be forwarded to the Board of Directors for approval.

All inquiries in reference to the application process must be done by e-mail to **hello@jacksonlastra.com**

Sincerely,

Application Department

## ARBOR KEYS CONDOMINIUM ASSOCIATION, INC.

### WRITTEN CONSENT OF OWNERS TO RECEIVE ASSOCIATION CORRESPONDENCE VIA EMAIL

I (we), the owner(s) of Bldg/Unit \_\_\_\_\_ of Arbor Keys Condominium Association, INC, understanding that the Association is currently obligated to mail certain mailings including, but not limited to, the First Notice of Annual Meeting, Second Notice of Annual Meeting, Notice of Budget Meeting and Notices of Special Assessment Meetings. By signing below, I (we) consent to receive all required mailings by email to the email address(es) listed below. I (we) understand that if for any reason my (our) email address(es) changes, it is my (our) obligation to advise the Association of the change and my (our) failure to do so may result in my (our) failure to receive the Association's mailings.

Please forward all future mailings to the following **email address(es)**:  
Please print clearly:

\_\_\_\_\_

I (we) understand that I (we) may revoke this consent at any time by providing written notice to the Association. The Association will provide a written receipt of the revocation of this consent and it is my (our) obligation to keep the written receipt in my (our) records.

Owner(s):

\_\_\_\_\_  
Print Name clearly:

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

\_\_\_\_\_  
Telephone Number:

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