

**FRENCH VILLAS OF LIGHTHOUSE POINT  
CONDOMINIUM ASSOCIATION, INC.**

TMG Property Management  
5310 NW 33rd Ave, Suite 201  
Fort Lauderdale, FL 33309

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5310 NW 33rd Ave, Suite 201  
Fort Lauderdale, FL 33309

**PURCHASE / LEASE APPLICATION**

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

\_\_\_\_\_  
**(Name of Applicant(s) Individual(s) who will sign Purchase Contract / Lease Agreement**

**THIS IS TO INFORM YOU OF THE PROCEDURE FOR PROCESSING APPLICATIONS FOR  
PURCHASE / LEASE SO THAT YOU CAN PLAN ACCORDINGLY.**

**PLEASE READ CAREFULLY** the Management Company for the "Association" where you are applying for residency. All information with regards to sales, transfers and leases of a unit is processed once the completed application and all necessary documentation is received. The outcome of the screening is reported to the Board of Directors of the Association who will conduct interviews and is solely responsible for the final approval or denial. We strive to provide accurate and timely screening information to your association, and your cooperation in submitting complete information is imperative to the timeliness of this process. Applications cannot be "RUSHED" due to the necessary steps required to process each application.

**◀INCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE▶**

**◀OCCUPANCY PRIOR TO FINAL APPROVAL IS PROHIBITED▶**

**▶PLEASE ALLOW 30 DAYS TO PROCESS YOUR APPLICATION▶**

**◀ INTERVIEW IS REQUIRED ▶**

**THE FOLLOWING ITEMS MUST BE ATTACHED FOR THE APPLICATION TO BE PROCESSED:**

**(A). Money Order / Cashier's Check only. Please make payable to: French Villas of LHP Condo Association. In the amount of: \$100.00 per applicant 18 years or older.**

**\_\_\_\_\_ THIS FEE IS NON- REFUNDABLE \_\_\_\_\_**

**(B). Completed Application & Credit Authorization Form (3 pgs.)**

**" Application per SINGLE Adult OR (1) Application per MARRIED Couple "**

***\*\*If you are legally married but the last names are different, it may be necessary to submit a copy of your marriage certificate for verification purposes.\*\****

**(C). Copy of Driver's License or other valid photo ID's / *International* (Passport with visa) – for anyone 18+ years. (Please provide each photo ID's on a different sheet of paper) Clear pictures are required.**

**(D). Copy of Executed Purchase Contract OR Lease Agreement.**

**(E) Verification of Employment & Last (4) Paystubs or in the event that you are Self Employed, Please provide a self explanatory letter to that fact , along with (1) Year of previous tax return.**

**◀ I AGREE WITH THE STATEMENTS AND REQUIREMENTS LISTED ABOVE ▶**

X. \_\_\_\_\_  
(Applicant)

X. \_\_\_\_\_  
(Co-Applicant)

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

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**▶ OFFICE USE ONLY**

RECEIVED BY \_\_\_\_\_ (Initials) 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:** \_\_\_\_\_

Purchase  Lease  Occupant  Apt.# \_\_\_\_\_ Bldg.# \_\_\_\_\_ Address applied for: \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 this 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

## **\*\*\*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), credit history, 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)

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**ACKNOWLEDGEMENT OF THE RULES & REGULATIONS**

I/We \_\_\_\_\_ here  
Confirm that I have received and read a copy of the Rules & Regulations governing the use,  
Responsibilities, Laundry Rules, Parking Rules, Pool & Deck Rule, Shuffleboard Court Rules,  
Trash Control Rules, Shutter/Windows Rules, Parking Registration rules, and any other on the  
Condominium Association's Documents.

I understand that failure to comply with these Rules & Regulations and governing documents  
will result in fines, as prescribed by the law.

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

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

X. \_\_\_\_\_  
(Applicant)

X. \_\_\_\_\_  
(Co-Applicant)

**MOVE IN / DELIVERY SCHEDULE**

▶ DAYS: MONDAY TO FRIDAY ▶ TIME: 9:00 A.M. TO 9:00 P.M.

In order to prepare the elevators for your move-in/out please email : Melissa Cutrone, L.C.A.M.  
At:

**Melissa@img-Propertymanagement.com**