

Bent Tree Parcel Six Condominium Association, Inc.
c/o Courtesy Property Management
13250 SW 135 Avenue
Miami, FL 33186
(305) 254-3888

Account No: 34-

APPLICATION FOR LEASE, GIFT, DEVISE OR INHERITANCE APPROVAL

1. This application, and the attached application for occupancy form must be completed in detail by each proposed lessee, other than husband/wife or parent child (which is considered one applicant).
2. If any question is not answered or left blank, this application will be returned, not processed and not approved.
3. A copy of the lease contract must be attached to this application.
4. Please attach a non-refundable processing fee (Money Order Only) in the amount of \$100.00 to this application, made payable to **BENT TREE PARCEL SIX CONDOMINIUM ASSOCIATION, INC.**, for each applicant, other than husband/wife or parent/child (which is considered one applicant). Please allow 10-12 business days for processing.
5. Please attached a non-refundable Notary Fee of \$15.00 (Money Order or Cash Only) made payable to **COURTESY PROPERTY MANAGEMENT**. Acceptance of the processing fee does not in any way constitute approval of this transaction. (Please do not mail cash.)
6. Moving of furniture in or out of a unit is not permitted on Sundays or Holidays. Hours of moving are from 9:00 a. m. to 7:00 p. m., Mondays through Saturday.
7. A copy of the drivers license(s) and social security card(s) must be provided with the application.

Present Owner's

Name: _____

Please Print

Property Address: _____ Unit _____ Miami, Florida 33175

- INSTRUCTIONS:** 1. If applicants are not legally married, an application on each person must be completed.
 2. Print legibly or type all information. Telephone numbers and complete addresses are required.
 3. If any question is not answered or left blank, this application may be returned, not processed and not approved.
 4. Only the applicants are authorized to sign all forms.
 5. Any misrepresentation or falsification of information may result in your disqualification.

APPLICATION FOR OCCUPANCY

PRINT OR TYPE Purchase _____ or Lease _____ Acct No. _____
 Unit No. _____ Bldg No. _____ Special Address of Unit _____
 Date _____ 20 _____ Date of Occupancy _____
 Name _____ Date of Birth _____ Soc. Sec No. _____ (Passport or Alien Registration Card)
 Spouse _____ Date of Birth _____ Soc. Sec No. _____ (Passport or Alien Registration Card)
 E-Mail Address: _____ E-Mail Address: _____

Sngl. Married Widow(er) Sep. _____ Div _____ (How long) _____ Maiden Name _____
 Number of people who will occupy: Adults (over 18) _____ Children (over 18) _____ Children (under 18) _____
 Names and ages of children who will occupy: _____
 Description of pets (Breed, Size, Color, Weight, Etc.): _____
 In case of emergency notify: Name _____ Address _____ Telephone _____

PRINT OR TYPE

RESIDENCE HISTORY

- A. Present Address _____ Phone (____) _____ Dates of Residency _____
(Street, Address, Apt. No., City, State, Zip)
 Name of Apt./Condo _____ Phone (____) _____
 Name of Landlord or Mortgage Co. _____ Phone (____) _____
 Address _____ Mtg No. _____
 B. Previous Address _____ Phone (____) _____ Dates of Residency _____
(Street, Address, Apt. No., City, State, Zip)
 Name of Apt./Condo _____ Phone (____) _____
 Name of Landlord or Mortgage Co. _____ Phone (____) _____
 Address _____ Mtg No. _____
 C. Prior Address _____ Phone (____) _____ Dates of Residency _____
(Street, Address, Apt. No., City, State, Zip)
 Name of Apt./Condo _____ Phone (____) _____
 Name of Landlord or Mortgage Co. _____ Phone (____) _____
 Address _____ Mtg No. _____

PRINT OR TYPE

EMPLOYMENT REFERENCES

- A. Employed by (Business Name) _____ Phone (____) _____
 (Or retired from)
 How Long _____ Dept. or Position _____ Mo. Income _____
 Address _____ Zip _____
 B. Spouse Employed by (Business Name) _____ Phone (____) _____
 (Or retired from)
 How Long _____ Dept. or Position _____ Mo. Income _____
 Address _____ Zip _____

PRINT OR TYPE

CHARACTER REFERENCES

1. _____ Res. Phone (____) _____ Ofc. Phone (____) _____
 Address _____ Zip _____
 _____ Res. Phone (____) _____ Ofc. Phone (____) _____
 Address _____ Zip _____
 _____ Res. Phone (____) _____ Ofc. Phone (____) _____
 Address _____ Zip _____

NUMBER OF CARS (to be parked here) Driver's Lic. No. #1 _____ #2 _____
 Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____
 Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Signature _____ Applicant
 Signature _____ Applicant's Spouse



Western Reporting
 1787 E. Fort Union Blvd Suite 107
 Salt Lake City, UT 84121
Phone: 801-308-0005 Fax: 801-308-0015
WESTERN REPORTING INC Toll-free phn: 800-466-1996 Toll-free fax: 800-351-4558

**PERSONAL RELEASE FORM
 COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
 REGARDING BACKGROUND CONSUMER REPORTS – TENANT**

Account Name with Western Reporting: _____

Requestor's Name: _____ Phone #: _____

IMPORTANT: Please read carefully before signing.

A consumer report and/or investigative consumer report including information concerning your character, employment history, rental history, personal characteristics, police record, credit and indebtedness may be obtained in connection with your rental application. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process.** If adverse action is taken, based in whole or in part on the information contained in the consumer report, you are entitled to receive a denial letter. The name, address and telephone number of Western Reporting, and a summary of your rights under the Fair Credit Reporting Act will be included. You may contact Western Reporting for a copy of the consumer report.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, landlord, police department, financial institution, consumer reporting agencies, credit bureaus or other persons or agencies having knowledge about you to furnish Western Reporting with any and all background information in their possession regarding you, in order that your suitability as a potential tenant may be determined.

By signing below, you hereby authorize without reservation, any party or agency contacted by Western Reporting to furnish the above mentioned information. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

Please print legibly to speed up processing time

APPLICANT'S FULL NAME:
APPLICANT'S SSN:
APPLICANT'S DOB:
APPLICANT'S FULL ADDRESS:

READ, ACKNOWLEDGED AND AUTHORIZED

Signature of Applicant _____ Date _____

For California applicants only, if you would like to receive a copy of the report, if one is obtained, please check this box.
 For Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.



WESTERN REPORTING ^{INC}

Community Association Screening Application

Date _____ Property Address _____

Purchase Lease

Office Use ONLY: ASSOCIATION NAME: _____

ACCOUNT #: _____ REQUESTED BY: _____

Personal Information

Applicant Name _____
First Middle Last

Social Security # (Required) _____ Date Of Birth: _____
Month Day Year

Marital Status _____ Driver License # _____ State _____

Applicant Phone # _____ Applicant Cell Phone # _____

Spouses Name _____
First Middle Last

Social Security # (Required) _____ Date of Birth: _____
Month Day Year

Spouses Driver License # _____ State _____

Spouses Phone # _____ Spouses Cell Phone # _____

ALL OTHER OCCUPANTS MUST BE LISTED

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Do you own pets? Y N: If Yes, No. # Of Pets Breeds(s) _____ Weight(s) _____

Have you, the co-applicant(s), and/or any occupant(s) ever been arrested, charged and/or convicted of a crime?
 Yes No: If Yes, Attach detailed explanation.

Resident History

Present Street Address _____ Street _____ Zip _____ City _____ State _____

Move In Date of Present Address: _____ Month _____ Day _____ Year _____ Move out Date _____ Month _____ Day _____ Year _____

Landlord's Name _____ Phone # _____

Monthly Rent Payment \$ _____

Reason for Moving _____

Have you and/or the co-applicant(s) ever been evicted from any property? Yes No: If Yes, Attach detailed explanation.

Employment History

Present employer _____ Supervisor _____

Employer Address _____ Street _____ Zip _____ City _____ State _____

Employed From _____ Month _____ Day _____ Year _____ To _____ Month _____ Day _____ Year _____ Phone # _____

Position _____ Gross weekly salary \$ _____

Spouses Present Employer: _____ Supervisor: _____

Employer Address _____ Street _____ Zip _____ City _____ State _____

Employed From _____ Month _____ Day _____ Year _____ To _____ Month _____ Day _____ Year _____ Phone # _____

Position _____ Gross weekly salary \$ _____

If necessary, use reverse side of this application to list any additional information that may not fit on the first page.

Applicant(s) has submitted the sum of \$ _____, which is non-refundable payment for background/credit check processing and verification of the application. Essential Screening is hereby authorized and given the right to verify by reasonable means all of the information disclosed by the applicant(s) including but not limited to credit check, criminal history, eviction-civil records, landlord verification, and verification of employment; in this application, any additional documents in the application packet, exhibits and/or attachments. Applicant(s) certify that all of the information disclosed to Western Screening is true and correct. Furthermore, applicant(s) certify it has not knowingly omitted any information from this application, any additional documents in the application packet, exhibits and/or attachments.

Applicant Signature _____

Print Name: _____ Date _____

Spouse Signature: _____

Print Name _____ Date _____

Address Change Request Form

Account No: _____

I/we own the following property, which is being leased/rented and would like to make an address change as follows:

Name of the Association: _____

Owner's Name(s): _____

Property Address: _____ Unit No: _____

_____ Zip Code: _____

Please forward all my correspondence to my new address at:
_____ Unit No: _____

_____ Zip Code: _____

Home Tel:(_____) Work Tel: (_____)

Work Tel: (_____) Cellular #: (_____)

Cellular #: (_____) Fax #: (_____)

Signature _____ Please Print Name

Signature _____ Please Print Name

Date _____

Please mail the **ORIGINAL** form to:

Courtesy Property Management
Attn: Accounting Department
13250 SW 135th Avenue
Miami, Florida 33186
(305) 254-3888

**THIS FORM MUST BE FULLY COMPLETED, SIGNED, AND LEGIBLE OR
CHANGES WILL NOT BE MADE.**