APPLICATION FOR OCCUPANCY

Association Name: Hillsboro Mile Ocean Apts., Section 4, Inc.

NOTE: All information supplied is subject to verification. All telephone numbers must be able to be reached between 9-5 P.M. Date _____

Purchase _____ Lease _____ Apt. _____ Bldg. No. _____ Property Address: _____

Full Name _____ Date of Birth _____ Social Security # _____

(___) Single (___) Married (___) Separated (___) Divorced - How Long _____ Maiden Name _____

Have you ever been convicted of a crime _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Spouse _____ Date of Birth _____ Social Security # _____

Maiden Name _____ Have you ever been convicted of a crime _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

No. of people who will occupy unit – Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

Applicant(s) Cellular Telephone Number _____ Applicant(s) Email Address _____

In case of emergency notify _____ Address _____ Phone _____

PART I – RESIDENCE HISTORY

PLEASE PRINT FULL ADDRESS, INCLUDING UNIT/APT NUMBER, CITY, STATE & ZIP CODE

A. Present address _____ Phone _____

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home____ Parent/Family Member____ Rented Home____ Rented Apt____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

B. Previous address _____ Phone _____

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home____ Parent/Family Member____ Rented Home____ Rented Apt____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

C. Previous address _____ Phone _____

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home____ Parent/Family Member____ Rented Home____ Rented Apt____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

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)

Please notify Character References that we will be contacting them to obtain a reference

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 _____

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. _____

APPENDIX B

APPLICATION FORM FOR PERMANENT TRANSFER OF APARTMENT

PART A – TO BE COMPLETED BY PRESENT LESSEE (S)

To: The Board of Directors

Request is hereby made by the undersigned, the owner(s) of stock in Hillsboro Mile Ocean Apartments, Section 4, Inc., and the lessee(s) of Apartment No._____, _____, Broward County, Florida, for the authorization and approval of a majority of the Board of Directors for a transfer of the lease of said apartment to:

_____

(usual legal name or names)

_____

(usual permanent address)

_____

(city and state)

and upon transfer and the execution of a new lease between the corporation, and the above, for release of the undersigned from the terms of the present lease.

The undersigned deliver(s) herewith $[redacted] out of which amount you are authorized to spend such sums as are deemed necessary by you to complete an investigation of the above named person(s) and to refund the balance, if any, to the undersigned upon your acting upon this request.

It is understood that 30 days shall be allowed for you to complete your investigation.

The undersigned agree(s) that if this transfer is approved and is consummated, the undersigned will assign his (her or their) stock in the corporation (which stock controls the above apartment) to the above named transferee(s) and will surrender to the corporation the original present lease held by the undersigned and will also release the corporation from the terms of said lease.

Dated at _____ this _____ day of _____, 19____.

_____

(fill in name(s) of owner(s))

By _____

(signature of one owner required)

PART B – TO BE COMPLETED BY PROSPECTIVE TRANSFEREE(S)

To: The Board of Directors

The undersigned (is) (are) the above named prospective transferee(s), as proposed by

_____

(present lessee(s))

The undersigned request approval of a majority of the Board of Directors for the transfer of the lease of Apartment No._____ from the above present lessee(s) to the undersigned, and, as an inducement to influence your granting said approval, the undersigned represent(s) that (he) (she) (they):

1. (Has) (Have) read the present lease, the charter, and by-laws of the corporation and (is) (are) willing to accept a lease in accordance with all of the terms, conditions, and provisions of said present lease, by-laws, and charter.
2. (Knows) (Know) that any change in the said charter or by-laws will possibly change the lease to be obtained, and that said charter and by-laws are subject to change.
3. Will abide by all house rules promulgated in accordance with the provisions of the said by-laws.
4. (Is) (Are) known well by the following individuals, of whom you are authorized to make inquiry concerning the character, reputation, and financial responsibility of the undersigned: NOTE: List 5 business references and 5 social references. Give in each case, name, business and home address, telephone number (if known), and, if any party is likely to be at a second address (e.g. on vacation) list that address also, keeping in mind that the easier you make it for the Directors to locate the references, the more quickly the results will be available on this application:

Dated at _____, this _____ day of _____, 19___.

_____

_____

_____

(Each adult to be an occupant of the leased premises must sign this application, in addition to the party to be named as lessee.)

PART C – TO BE COMPLETED BY MEMBERS OF BOARD OF DIRECTORS

Each of the undersigned as a member of the Board of Directors of Hillsboro Mile Ocean Apartments, Section 4, Inc., represents that he (or she) has investigated the above applicant or applicants, or has caused an investigation to have been made, and each hereby signifies by indication prior to his signature below, his (or her) approval or disapproval of the above application.

NOTE: The approval of a majority of the Board of Directors is required. Said approvals can be indicated on one or on separate forms. The form or forms must be filed with the Secretary of the corporation and only when approvals signed by a majority of the Board of Directors have been filed with the Secretary shall the consent of the corporation as lessor, exist.

approved _____ disapproved _____

_____

(Signature)

approved _____ disapproved _____

_____

(Signature)

approved _____ disapproved _____

_____

(Signature)

approved _____ disapproved _____

_____

(Signature)

approved _____ disapproved _____

_____

(Signature)

Hillsboro Mile Ocean Apts #04 / Ref#_____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cell#: _____

Current Employer

Company: _____N/A_____ Tel#: _____N/A_____

Title: _____N/A_____ Salary: _____N/A_____

What are your dates of employment? From: ____N/A____ To:____N/A____

Does your supervisor consider you to be responsible? ☐ Yes ☐ No

Would your supervisor say your employment is in good standings? ☐ Yes ☐ No

Have you ever caused any problems with your supervisor and/or co-workers? ☐ Yes ☐ No

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ **DATE:** _____

DISCLOSURE AND AUTHORIZATION AGREEMENT REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for residence.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

_____

Print Name

_____ _____

Signature Date

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