

FOREST HILL VILLAS GARDEN CONDOMINIUM ASSOCIATION, INC.

(revised January 2015)

LEASE APPLICATION FOR OCCUPANCY

- The Association requires **all prospective tenants** to attend an Orientation meeting to discuss the Rules and Regulations of the Community. **This meeting will take place at the Clubhouse at Forest Hill Villas. Applications are reviewed at the Board Meeting, which is normally the Second Thursday of each Month.**
- Failure to comply may result in your application being declined or certificate of approval not being issued.
- Failure to comply with the Rules and Regulations of the Community may result in the termination of the lease.

All prospective tenants must complete the Association's application and must submit the following documents:

- Completed Association Application
- Clear copy of valid identification card and/or driver's license for ALL residents over 18
- Clear copy of signed Lease Agreement
- Clear copy of vehicle registration(s) for each vehicle – one per approved tenant up to 2 vehicles
- \$150 nonrefundable Application Fee per person for anyone 18 years of age or older OR \$150 per married couple (with same last name) made payable to Davenport Property Management, Inc. This must be paid in either a money order or cashiers check.
- \$500 refundable Security Deposit.

Your application will be returned as incomplete if any of the above is missing.

BE ADVISED A CREDIT AND CRIMINAL BACKGROUND CHECK WILL BE CARRIED OUT ON ALL APPLICANTS OVER THE AGE OF 18 YEARS. Please provide an email and/or physical address where results may be sent.

A FREE AND CLEAR CRIMINAL BACKGROUND CHECK WILL BE REQUIRED IN ORDER TO BE APPROVED FOR ANY LEASE OR PURCHASE.

Please mail the original to:

**Davenport Professional Property Management, Inc.
6620 Lake Worth Road, Suite F
Lake Worth, FL. 33467**

**Located on the southwest corner of
Lake Worth Road and Jog Road,
behind the Red Lobster Restaurant**

FOREST HILL VILLAS GARDEN CONDOMINIUM ASSOCIATION, INC.

COVER SHEET FOR LEASE APPLICATION

Address of Property: _____

Move in Date: _____

CONTACT NUMBERS:

Owner(s) Name: _____

Phone: _____

Owner's Realtor's Name: _____

Phone: _____

Tenant(s) Name: _____

Phone: _____

Tenant(s) Name: _____

Phone: _____

Print Email Address: _____

Below: Office Use Only

_____ Application-Complete

_____ Executed Lease Agreement

_____ \$150 nonrefundable Application Fee (money order or cashier's check only) per person 18 years and older, unless a married couple with same last name. If married with different last names, a copy of the marriage certificate will be required.

_____ \$500 *refundable* Security Deposit

_____ Clear Copy of each Driver's License

_____ Clear Copy of each Vehicle Registration – one per approved tenant, up to 2 vehicles per unit

_____ Credit & Criminal Background Check (Davenport provides)

FOREST HILL VILLAS GARDEN CONDOMINIUM ASSOCIATION, INC.

Lease Application for Occupancy

Please complete all questions and fill in all blanks. If application is incomplete, this may result in your application not being processed and/or not approved. If the question does not apply, answer N/A. Print legibly or type all information.

Address of Property: _____

Dates of Lease: _____

1. Name: Tenant _____
First Name Last Name

2. Name/Spouse: Tenant _____
First Name Last Name

3. Print Email address: _____

4. Please print full names and date of birth of **all** persons who will reside at this residence:

<u>FULL NAME:</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. Please list make, model and tag numbers of all automobiles that will be parked at your residence:

Year _____	Make _____	Model _____	Color _____	Tag No. _____
Year _____	Make _____	Model _____	Color _____	Tag No. _____

Only 1 vehicle per approved resident – up to 2 vehicles per Unit

6. Has anyone in your household ever been convicted of a felony in the past 5 years?

If yes, please explain.

If this application is NOT legible or is not completely and accurately filled out, FOREST HILL VILLAS GARDEN CONDOMINIUM ASSOCIATION, INC. will not be liable or responsible for any inaccurate information in the investigation and related report (should there be one) caused by such omission or illegibility.

By signing this application, the applicant recognizes that FOREST HILL VILLAS GARDEN CONDOMINIUM ASSOCIATION, INC. or their agent may investigate the information supplied by the applicant, and a full disclosure or pertinent facts may be made to the Association. The Association may also require a credit report through a credit reporting agency.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

FOREST HILL VILLAS - PET APPLICATION

I/We _____ and _____
(name) (name)

Of Apt. # _____ at Building _____ Forest Hill Blvd. in Forest Hill Villas Condominium Association:

DO NOT HAVE A PET (put an "X" in the box): []

OR I/we request permission from the Board of Directors to have a:

Description of Pet & Breed: _____

Type of Pet (please circle one) Dog Cat Bird Other (specify): _____

Pet's Name: _____

Pet's Age: _____

Pet's Weight: _____

Pet's License/Tag Number: _____

Attach a color picture of your pet.

I/We state that this pet will not exceed the weight of _____ lbs.

PET RULES:

- All pets must be approved by the Board of Directors
- No more than two (2) pets are allowed
- No pets allowed in excess of 50 lbs. combined weight at maturity
- Photo of pet must be submitted
- All dogs must be kept on a leash at all times
- All pet waste must be picked up immediately
- Pets cannot be left outside on the patio for extended amounts of time

I/We have read the Pet Rules of the Condominium Association and hereby agree to abide by them. I/We understand that if these rules are not followed that we will be turned over to the Association's attorney which will involve all attorney expenses. The Association may require that the pet(s) be removed from the Unit. Please complete the following:

Signature

Date

Signature

Date

**FAILURE TO COMPLETE THIS FORM WILL RESULT IN THE
RESIDENT TO IMMEDIATELY REMOVE THE ILLEGAL PET**

RELEASE OF INFORMATION & AUTHORIZATION

DATE: _____

TO: DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, INC.
6620 LAKE WORTH ROAD, SUITE F
LAKE WORTH, FLORIDA 33467

I GIVE MY AUTHORIZATION FOR THE ABOVE TO VERIFY INFORMATION, OBTAIN A CREDIT REPORT, CRIMINAL HISTORY REPORT, EMPLOYMENT INFORMATION ON MYSELF AND AGREE SCREENING MAY RESULT IN MY APPLICATION BEING APPROVED OR DISAPPROVED. THIS AUTHORIZATION IS GOOD FOR THIRTY (30) DAYS FROM THE DATE ABOVE.

SIGNATURE: _____

PRINT NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY # _____

DRIVERS LICENSE #: _____ State: _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP: _____

RELEASE OF INFORMATION & AUTHORIZATION

DATE: _____

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