

**WALDEN VILLAGE HOMEOWNERS
ASSOCIATION, INC.
LEASE APPLICATION PACKAGE**

Dear Applicant:

Please complete all paperwork in full and submit a **\$150 non-refundable processing fee** (certified/cashier's check or money order only; no personal checks or credit/debit cards accepted) payable to **Tallfield Associates**. **Failure to provide all information and payment will result in application being returned. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

NOTE: The \$150 processing fee covers screening for two applicants. Any additional applicant 18+ years of age is subject to screening and an additional \$50 per applicant is required.

Tallfield Associates
12765 West Forest Hill Blvd, Suite 1320
Wellington, FL 33414

Checklist for application processing:

- \$2,500 security deposit payable to Walden Village Homeowners Association (*check or money order only*) to be paid by homeowner.**
- Executed "Application for Occupancy" Please be sure to initial all pages where required and **witness** is required on Acknowledgement.
- Copy of Executed Lease Agreement – names of all occupants must be listed in lease agreement.
- Addendum to Lease – (executed by Lessor & Lessee)
- Legible copy of each tenant/applicant Driver's License (all occupants 18+ yrs of age)
- Copy of most recent pay stubs (2 months) for each adult, minimum income to rent ratio of 33% required
- Pet Registration Form and photograph of pet(s): *Lease Applicants: owner signature approving and acknowledging lease pet(s). (If no pets, write "N/A" and include owner signature and lessee signature)*
- Signed by all applicants: Rules and Regulation Acknowledgement
- Two-page Residential Screen Request(s) form for all occupants 18+ yrs of age

Application must be submitted 30 days prior to intended occupancy. Occupancy prior to approval is strictly prohibited. Approval can take up to 30 days.

If you have any further questions please feel free to contact Tallfield Associates at 561-983-6000 or via fax: 561-983-6001.

Thank you for your anticipated cooperation.

Very truly yours,

TALLFIELD ASSOCIATES

As authorized agent for the Board of Directors for
Walden Village Homeowners Association, Inc.

**WALDEN VILLAGE HOMEOWNERS
ASSOCIATION, INC.
CONFIDENTIAL APPLICATION FOR OCCUPANCY**

To the members of WALDEN VILLAGE HOMEOWNERS ASSOCIATION, INC.

Request is hereby made by the undersigned for occupancy in Walden Village. The undersigned agrees to accept occupancy in accordance with the terms and provisions of the Association as contained in the Rules & Regulations, the Declaration of Covenants and Restrictions, its attachments and exhibits thereto, as they may be amended from time to time.

(Please Print)

Date: _____

Name of Applicant

DOB: _____ **SSN:** _____ **Phone** _____

Are you a service member? _____ (Service member is defined to include any person as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard & United States Reserve Forces).

Number of people over the age of 18 years who will occupy _____

Number of children who will occupy _____

PART I – RESIDENCE HISTORY

Current Address _____

Phone _____ **Dates of Residency: from** _____ **to:** _____

Name of Landlord or Mortgagee: _____

Previous Address _____

Phone _____ **Dates of Residency: from** _____ **to:** _____

Name of Landlord or Mortgagee: _____

Vehicles:

1. **Make** _____ **Model** _____ **Color** _____ **Tag #** _____

2. **Make** _____ **Model** _____ **Color** _____ **Tag #** _____

Initial _____

Initial _____

Three Personal References:

Name _____

Address _____

Phone No.: _____

Name _____

Address _____

Phone No.: _____

Name _____

Address _____

Phone No.: _____

PART III – ACKNOWLEDGEMENT

1ST APPLICANT: Have you ever been convicted or pled guilty to a crime? **(Circle one) Yes / No.** If yes please state date(s) charge(s) and disposition(s);

2ND APPLICANT: Have you ever been convicted or pled guilty to a crime? **(Circle one) Yes / No.** If yes please state date(s) charge(s) and disposition(s);

1. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to Lease/Purchase:
 - a. I will abide by all restrictions contained in the By-Laws, Rules & Regulations and Restrictions which are or may in the future be imposed by **Walden Village.**
 - b. I understand that no more than two (2) persons may reside in bedroom, including dependent children.
 - c. I understand that I must be present when any guest, relatives, visitors or children who are not permanent residents occupy the unit or use the recreational facilities.
 - d. I understand that sub-leasing or occupancy of this unit in my absence is prohibited.
 - e. I understand that any violation of these terms, provisions, conditions, and covenants of **Walden Village** documents provides cause for immediate action as therein provided or termination of the leasehold under the appropriate circumstances.
2. I have received a copy of the Rules and Regulations: **(Circle one) Yes / No.**
3. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. Occupancy prior to Board approval is prohibited.
4. I understand that the acceptance for the Lease/Purchase at **Walden Village** is conditioned upon the truth and accuracy of this application and approval of the Board of Directors. Any misrepresentation or falsification of information on these forms will result in the automatic disqualification of your application. Occupancy prior to board approval is prohibited.
5. I understand that the Board of Directors of **Walden Village** may cause to be instituted any investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, or it's Management to make investigation and that the information contained in this and the attached application may be used in such investigation and that the Board of Directors, Officers and Management of **Walden Village** itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

*In making the forgoing application, I am aware that the decision of **Walden Village Homeowners Association, Inc** will be final and no reason will be given for any action taken by the Board of Directors.*

Applicant Signature

Date

Joint Applicant Signature (if applies)

Date

WITNESS:

Date

**WALDEN VILLAGE HOMEOWNERS ASSOCIATION, INC.
PET REGISTRATION**

*You must provide a recent photograph when submitting this form to management.

Owners/Lessee Name; _____ Unit: _____

Type of Pet: (i.e.; dog, cat, etc.) _____ Breed: _____

Color: _____ Current Weight: _____

Age of Pet: _____ Name of Pet: _____

Vaccine License #: _____

Veterinarian Name: _____ Contact# _____

Type of Pet: (i.e.; dog, cat, etc.) _____ Breed: _____

Color: _____ Current Weight: _____

Age of Pet: _____ Name of Pet: _____

Vaccine License #: _____

Veterinarian Name: _____ Contact# _____

Unit owner signature: _____ **Lessee:** _____

RESIDENTIAL SCREENING REQUEST

**NOTE: EACH ADULT MUST FILL OUT THE FOLLOWING TWO-PAGE FORM FOR SCREENING*

FOR MANAGEMENT USE ONLY

Tallfield Associates Ref #/Unit #: _____

PERSONAL DETAILS

Please check one:

- Individual (*Individual or one of multiple roommates that appear on the lease and are responsible for the lease.*)
- Spouse (*Couples that jointly occupy the unit and assume joint responsibility for the lease.*)
- Occupant (*Occupants are adults who will live in the unit, but are not financially responsible for the lease.*)
- Unit Guarantor (*Unit Guarantors are adults who are financially responsible for all applicants' portion of the lease.*)

Name: First: _____ MI: _____ Last: _____

SSN#: _____ **DOB** (mm/dd/yyyy): _____

Monthly (Gross) Income: \$ _____

Enter Amount (check time period): \$ _____ Hourly Weekly Yearly

CURRENT ADDRESS

Street Address:

Number: _____ Name: _____

City: _____ State: _____ ZIP: _____

Print Name

Signature

Date

RESIDENTIAL SCREENING REQUEST

**NOTE: EACH ADULT MUST FILL OUT THE FOLLOWING TWO-PAGE FORM FOR SCREENING*

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 any third party company used by Tallfield Associates, LLC on behalf of the Association for which you are applying 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