

LA COSTA ASSOCIATION, INC.

APPLICATION FOR APPROVAL OF TENANCY/LEASING

Please submit this completed application to the attention of the Board of Directors, at Grand Palms 901 Sabal Palm Dr, Pembroke Pines Fl 33027

Date: _____

Attention: (Miami Management Inc.)

Property Manager: Andrea Giannetto or Property Assistant: Mary Gobel

To: The Board of Directors

I intend to lease/ rent the house located

at _____ . A copy of the proposed lease is attached. I attest that the following information is factual and true. I am aware that any falsification or misrepresentation of the facts in this application will result in rejection of this application or constitute grounds of the Association to void any approval that may be granted. I consent and acknowledge that you may make further inquiry concerning this application, including but not limited to the references given below, credit standing and criminal Background investigation of the proposed title holder and all proposed unit occupants.

I have read and agree to be bound by the Declaration of Restrictions, Bylaws, Articles of Incorporation, and the Rules and Regulations of the Association, copies of which documents have been furnished to me by the unit owner or are available on website- www.grandpalms.com .

I understand that the Association may, pursuant to the **Fair Credit Reporting Act, 15 U.S.W.C. Section 1681 et seq.**, obtain a consumer credit report on the applicants signing this application. By signing this application, I hereby consent to the Association obtaining a consumer credit report and considering same in connection with my application. I understand that every effort shall be made by hereby waive and hold the Association harmless from any claim, action or suit regarding the consumer credit report. I also consent to the Association, or its agents, contacting personal or professional references, or other parties in connection with its investigation of this application.

I/We understand and agree that this application must be completed in its entirety before consideration of the Board of Directors. Incomplete applications will be returned.

Processing fee must be attached in order to process application.

(Combined Credit & State Criminal-Per Applicant) \$75.00

(Combined Credit & Extended Criminal if out of state-(49 states) Per Applicant \$85.00

***Money order (Only) payable to Executive Residential Screening Services.**

Applicant's Full Name

(Printed): _____
Applicants Social Security Number: _____ - _____ - _____
Applicants Driver's License Number: _____
State Issued: _____ D.O.B _____
Current Address: _____
City: _____ State; _____ Zip Code: _____

Co- Applicant's Full Name

(Printed): _____
Co- Applicants Social Security Number: _____ - _____ - _____
Co- Applicants Driver License Number: _____
State Issued: _____ D.O.B _____
Current Address: _____
City: _____ State: _____ Zip Code : _____

PREVIOUS ADDRESSES (City, State & Zip code for Previous 7 years).

City: _____ State: _____ Zip Code: _____
City: _____ State: _____ Zip Code: _____
City: _____ State: _____ Zip Code: _____

Applicant's Signature: _____

Date Signed; _____

Co- Applicant's Signature: _____

Date Signed: _____

PREVIOUS ADDRESSES (City, State & Zip code for Previous 7 years).

City: _____ State: _____ Zip Code: _____
City: _____ State: _____ Zip Code: _____
City: _____ State: _____ Zip Code: _____

Please print or type all information. If applicants are not legally married a separate application is required for each person. Missing information will cause delays in processing this application. If any question is not answered or left blank, this application may be returned not processed and not approved. **The Association has 30 days to approve or disapprove** any application from the date a completed and legible application along with the screening fee has been received by the Association. Any misrepresentation or falsification of information may result in the application being disqualified. Only the applicants are authorized to sign these forms.

I. Lease General Info.

Monthly Lease Amount: _____ Lease Date: _____
Name of Realtor: _____ Tel No: _____

Please Note: A security deposit in the amount of \$1000.00 payable to the association must be provided prior to occupancy from the owner. This security deposit is separate from (and may be in addition to) any security deposit furnished to the owner of the home.

II. OTHER THAN THE APPLICANT(S) LISTED ABOVE, PLEASE STATE THE NAME AND RELATIONSHIP OF ALL PERSONS WHO WILL BE OCCUPYING THE HOME ON A REGULAR BASIS;

Name: _____ Relationship: _____
Name: _____ Relationship: _____

(Use separate paper to continue if needed).

III. Employment Information (Applicant)

A.

Present Employer- _____
Supervisor's Name _____ Address: _____
City _____ State _____ Zip _____
Telephone Number _____ Your Position _____
Start date of employment _____

B.

Previous Employer- Company Name _____
Supervisor's Name _____ Address: _____
City: _____ State _____ Zip _____
Telephone Number _____ Your Position _____
Dates of Employment: _____

C.

Previous Employer- Company Name _____
Supervisor's Name _____ Address: _____
City: _____ State _____ Zip _____
Telephone Number _____ Your Position _____
Dates of Employment: _____

III. Employment Information (Co-Applicant)

A.

Present Employer- _____
Supervisor's Name _____ Address: _____
City _____ State _____ Zip _____
Telephone Number _____ Your Position _____
Start date of employment _____

B.

Previous Employer- Company Name _____
Supervisor's Name _____ Address: _____
City: _____ State _____ Zip _____
Telephone Number _____ Your Position _____
Dates of Employment: _____

C.

Previous Employer- Company Name _____
Supervisor's Name _____ Address: _____
City: _____ State _____ Zip _____
Telephone Number _____ Your Position _____
Dates of Employment: _____

IV. Character References (Applicant)

1.Name: _____ Tel: _____
Address: _____ City: _____ ST _____ Zip _____
2.Name: _____ Tel: _____
Address: _____ City: _____ ST _____ Zip _____
3.Name: _____ Tel: _____
Address: _____ City: _____ ST _____ Zip _____

IV. Character References (Co-Applicant)

1.Name: _____ Tel: _____
Address: _____ City: _____ ST _____ Zip _____
2.Name: _____ Tel: _____
Address: _____ City: _____ ST _____ Zip _____
3.Name: _____ Tel: _____
Address: _____ City: _____ ST _____ Zip _____

V. Vehicle(s)

<u>Owner</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>State</u>	<u>License Plate</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Use Separate Paper if needed for more info)

VI. For Emergency:

Contact In case of an emergency:

Name: _____ Tel # _____
Address: _____ City: _____ ST _____ Zip _____

HAVE ANY OF THE PROPOSED OCCUPANTS EVER BEEN CONVICTED OF ANY FELONY, OR A MISDEMEANOR INVOLVING VIOLENCE TO PERSONS, DRUG OFFENSES, OR MISUSE OR THEFT OF PROPERTY?

Applicant- _____ YES _____ NO

Co- Applicant _____ YES _____ NO

If yes, please provide details on separate sheet of paper.

If this application is not legible or is not completely and accurately filled out, the association will not be liable or responsible for any inaccurate information in the investigation and related report caused by such omissions or illegibility. By signing; the applicant(s) recognize that the Association or its agent may investigate the information supplied by the applicant(s) and a full disclosure of pertinent facts may be received by the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, police arrest record, and mode of living. The applicant may request, in writing within a reasonable time, a complete and accurate disclosure of the investigation. By signing the applicant acknowledges receipt of the rules and regulations.

Applicant Signature

Date

Co-Applicant Signature

Date

AGREEMENT OF LESSEE

The undersigned _____ and _____ agree(s) to lease the house located at said address and that they will comply with the Governing Documents, its bylaws and any amendments there to, house rules, parking regulations and premises.

Signature(s) _____

Witness: _____

AUTHORIZATION TO THIRD PARTIES

I hereby authorize all persons, educational institutions, banks and other financial institutions, current and former employers, current and former landlords, credit reporting agencies, governmental agencies and other organizations, agencies and entities to provide Executive Research, Inc. with any information which Executive Research, Inc. may request.

Applicant Signature

Co-Applicant Signature

Printed Name

Printed Name

Social Security Number

Social Security Number

Date

Date

AUTHORIZATION AND ACKNOWLEDGMENT

In connection with my Application for Occupancy to _____, I hereby authorize Executive Research, Inc. to perform an investigation of my credit worthiness, credit standing, character, general reputation, personal characteristics, mode of living and employment/work history, and to provide a report of the investigation to _____. I hereby release and discharge Executive Research, Inc. and _____ from any and all claims, damages, liabilities, costs and expenses arising from the retrieving and reporting of such information.

I acknowledge receipt of "A Summary of Your Rights Under the Fair Credit Reporting Act" provided to me in accordance with the provisions of the Fair Credit Reporting Act.

Applicant Signature

Co-Applicant Signature

Printed Name

Printed Name

Date

Date

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act ("FCRA") is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (a "CRA"). Most CRAs are credit bureaus that gather and sell information about you, such as if you pay your bills on time or have filed bankruptcy to creditors, employers, landlords, and other businesses. You can find the completed text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you, such as denying an application for credit, insurance, or employment, must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if the person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs to which it has provided the date, of any error). The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your files unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone such as a creditor who reports to a CRA that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA, usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAS, creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign Banks (word "National" or initials "N.A." appear in Or after bank's name	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except National banks, and federal branches/agencies of Foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered Savings banks (word "Federal" or initials "F.S.B." Appear in federal institution's name) Federal Credit unions (words "Federal Credit Union" Appear in institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929 National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-PDIC
Air, surface, or rail common carriers regulated by Former Civil Aeronautics Board of Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

STATEMENT OF PERMISSIBLE PURPOSES AND CERTIFICATION

_____ ("Association") intends to request consumer credit reports from Executive Research, Inc. from time to time, in connection with applications by prospective purchasers and tenants of residential units in _____.

Association hereby certifies to Executive Research, Inc.:

- 1- Association is engaged in coordinating the interests of the owners of units in the Development and the operation and maintenance of the Development.
- 2- Association has permissible purposes for obtaining consumer reports, as defined in Section 604 of the Fair Credit Reporting Act. The permissible purposes are:
 - a. In connection with the screening of a prospective purchaser or tenant of a residential unit in the Development.
 - b. In accordance with written instructions from the prospective purchaser or tenant.
 - c. For a legitimate business need in connection with a business transaction initiated by the prospective purchaser or tenant.
- 3- Association will not request a consumer report unless:
 - a. A disclosure is first made in writing to the prospective purchaser or tenant that a consumer report may be obtained.
 - b. The prospective purchaser or tenant has authorized, in writing, the procurement of the report.
- 4- Association will request consumer reports pursuant to procedures prescribed by Executive Research, Inc. from time to time only for the permissible purposes certified above, and will use the reports obtained for no other purpose.
- 5- Association will maintain copies of all written authorizations for reports for a minimum of three (3) years from the date of inquiry.
- 6- THE FAIR CREDIT REPORTING ACT PROVIDES THAT ANY PERSON WHO KNOWINGLY AND WILFULLY OBTAINS INFORMATION ON A CONSUMER FROM A CONSUMER REPORTING AGENCY UNDER FALSE PRETENSES SHALL BE FINED UNDER TITLE 18, OR IMPRISONED NOT MORE THAN TWO YEARS, OR BOTH.
- 7- Association will use consumer reports provided by Executive Research, Inc. only for a one-time use, and will hold the reports in strict confidence, and not disclose the reports to any third parties; provided, however, that Association may, but is not required to, disclose the report to the subject of the report only in connection with an adverse action based on the report.

_____ (Association)

Date: _____

By: _____

Name: _____

Address: _____

Telephone: _____

E-mail: _____

RESIDENT INFORMATION SHEET

COMMUNITY NAME: _____	Select One: <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT
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Property Address: _____	City: _____	State: _____	Zip: _____
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MOVE IN DATE: _____	<input type="checkbox"/> NEW OWNER CLOSING DATE: _____	<input type="checkbox"/> LEASE TERM DATE: _____ TO _____	LEASE: \$ _____	SECURITY DEPOSIT	DEPOSIT PROVIDED BY: <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT
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Resident Name: (Last Name) _____ (First Name): _____			
Home Phone: _____	Cell Phone: _____	Work Phone: _____	Email Address: _____

Resident Name: (Last Name) _____ (First Name): _____			
Home Phone: _____	Cell Phone: _____	Work Phone: _____	Email Address: _____

Phone Number to be programed in call box (if applicable): _____

Mailing Address <i>(if different than Above Address):</i> _____	City: _____	State: _____	Zip: _____	Country: _____
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LIST ALL OCCUPANTS LIVING IN THIS HOME
All Occupants 18 Years of Age or Older MUST Complete a Separate Background Check Consent Form.

Occupant Name	Date of Birth	Relationship (child, nanny, in-laws, etc.)

PET INFORMATION (IF APPLICABLE)

Type/Breed:	Color:	Weight:	Name:	Tag #:	Tag Exp. Date:

VEHICLE INFORMATION

Make	Model	Year	Color	Tag#	State	Bar Code/Decal #

ASSIGNED PARKING SPACES: # _____ # _____ # _____ # _____

EMERGENCY CONTACT

Name: _____			Relation: _____		
Home Phone: _____	Cell Phone: _____	Work Phone: _____	Email Address: _____		
Address: _____		City: _____	State: _____	Zip: _____	Country: _____

APPROVED VISITORS

Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____

I/We certify that the information provided for the above listed unit/residence is true and correct.

Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Date: _____	Date: _____

Please be advised that submittal of this form does not constitute an approval or authorization of registration. Thank you from the Miami Management Team!