

**LAKE CLARKE GARDENS CONDOMINIUM ASSOCIATION, INC.
2981 FLORIDA MANGO ROAD
LAKE WORTH, FL 33461**

**THE BOARD OF DIRECTORS REQUIRES THIS APPLICATION BE COMPLETE IN FULL.
FALSE OR INCOMPLETE INFORMATION WILL DISQUALIFY APPLICANT (S)**

APPLICATION FOR RENTAL OR LEASE APPROVAL

1. This Application for Approval form must be completed in detail by each proposed adult occupant (other than husband/wife or parent/dependent 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. Please attach a copy of the rental or lease contract to this application. (Rentals or leases can be for a minimum of three (3) to a maximum of six (6) months in a twelve- month period.) Attach a copy of DL/Passport or picture ID.
4. Please attach a non-refundable processing fee of **\$50.00** to this application (made payable to Lake Clarke Gardens Condominium Association, Inc.) for each applicant, other than husband/wife or parent/dependent child (which is considered on applicant). Acceptance of the processing fee does not in any way constitute approval of this transaction. **\$25.00 for returning rentals.** Payable by the owner.
5. All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
6. NO pets or motorcycles allowed at any time.
7. The renter or leaser of a unit shall occupy and use his/her rented or leased apartment unit as a single family private dwelling for him/herself and adult members of his/her family and his/her social guests, and for no other purpose, including business purposes.
8. The current owner must provide the renter or leaser with a copy of the Association's Rules & Regulations. Present Unit Owner is also to provide the Renter with two (2) blue and two (2) red tags to be used in recreational areas. The tags are to be returned to the Unit Owner when the rental agreement or lease expires or the renter/leaser departs from the unit, whichever occurs first.

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date _____ **Bldg. #** _____ **Unit #** _____ **Rental Dates: From/To:** _____

Applicant Name: _____ **Age** _____ **Soc. Sec #** _____

Date Of Birth _____ **Driver's License #** _____

Passport # _____ **Passport Country** _____

Phone Number(s) _____

Marital Status: _____ **Single** _____ **Married** _____ **Divorced** _____ **Widow/Widower**

List Any Dependent Children and Ages:

List the other persons, if any, who will be living in your Unit.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>DOB</u>	<u>Soc. Sec. Number</u>

Driver's License # _____ State _____

Passport No. _____ Passport Country _____

Previous residences of permanent nature over past five years:

Dates & Addresses

ADDITIONAL INFORMATION

Have you or anyone who will reside/live in the Unit ever been convicted of a felony?

Yes _____ No _____

If yes, please explain (year, location, type, etc.) _____

Please provide a current photo identification (Example: driver license, passport) for each person who will be living in the unit.

"I hereby authorize Lake Clarke Gardens Condominium Association to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which this application was made. I hereby expressly release Lake Clarke Gardens Condominium Association, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including without, limitation, various law enforcement agencies."

Signature: _____ Date: _____

Signature: _____ Date: _____

Owner's signature to approve this rental:

Sign: _____ Date: _____

Building # _____ Unit # _____ Applicant's Initials _____ Date _____

LAKE CLARKE GARDENS CONDOMINIUM ASSOCIATION, INC.

2981 FLORIDA MANGO ROAD

LAKE WORTH, FL 33461

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RENTAL AGREEMENT

The property is located at _____ Garden Drive, Building _____ Unit _____
Lake Worth, Florida 33461.

Rental Period Dates: Begin: _____ End: _____.

1.The renter agrees to all rules and regulations set forth in the Association' s Application for rental and has signed that form (to be included with this agreement when it is returned}.

2.The renter will pay one month's rent of \$ _____ the first of each month that the Unit is occupied.

3.Tenant will be responsible for all damage to the unit or its contents during the time of rental. Tenant will be responsible for Common Element damages during rental period.

4.Tenant will be responsible for the costs of connecting and any monthly charges of the telephone. All other utilities are paid by the Owner.

5.If this is a NO smoking unit, it is signed here _____

Signature of Renter(s) _____ Date: _____

Signature of Renter(s) _____ Date: _____

Signature of Owner(s) _____ Date: _____

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**AFFIDAVIT OF
RESIDENCY**

Building # _____ Unit# _____

In signing this document I-acknowledge that I have received copies of Lake Clarke Garden's' Rules and Regulations and have read same and understand the contents. I understand I shall occupy and use the apartment unit as a single-family private dwelling, and for no other purpose, including business purposes.

By signing this affidavit of Residency, I acknowledge all documents provided to me have been read and understood, with the assistance of a translator if necessary. I understand that falsifying any provision in the documents will make the application null and void.

I agree and will consent with my signature.

➤ _____ Date / /
Signature

➤ _____ Date . / /
Signature

To my/our knowledge all documents submitted are truthful

[INTERNAL USE ONLY Please fax entire completed and signed document with Disclosure/Authorization to 678-302-6910]

BACKGROUND CHECK INFORMATION

Please complete this section:

Company: Lake Clarke Gardens Condominium, Inc.

Applicant Name: _____

(On Driver's License/ID) *Last* *First* *Middle* *Suffix*

Alias/AKA*: _____

Last *First* *Middle* *Suffix*

Social Security Number*: _____ Date of Birth*(MM/DD/YYYY): _____

Driver's License (DL) State: _____ DL No.: _____ DL Exp. Date: _____

Current Physical Address: *(NOT P.O. Box)* _____ Apt: _____

City _____ State _____ ZipCode _____

Phone Number: _____ Email Address: _____

**This information will be used for background check purposes only and will not be used as hiring criteria.*

Please complete this section if check box is checked: May we contact the current employer? Yes No

EMPLOYMENT HISTORY:

1. Former Employer Name: _____

Address: _____

City _____ State _____ Zip Code _____

Position/Title: _____ Dates of Employment: _____ Department Worked In: _____

Supervisor Name: _____ Supervisor Telephone: _____ Supervisor Email: _____

2. Former Employer Name: _____

Address: _____

City _____ State _____ Zip Code _____

Position/Title: _____ Dates of Employment: _____ Department Worked In: _____

Supervisor Name: _____ Supervisor Telephone: _____ Supervisor Email: _____

3. Former Employer Name: _____

Address: _____

City _____ State _____ Zip Code _____

Position/Title: _____ Dates of Employment: _____ Department Worked In: _____

Supervisor Name: _____ Supervisor Telephone: _____ Supervisor Email: _____

REFERENCES

1. Name: _____ Relationship: _____ Telephone: _____ Email: _____

2. Name: _____ Relationship: _____ Telephone: _____ Email: _____

3. Name: _____ Relationship: _____ Telephone: _____ Email: _____

EDUCATION HISTORY (highest level or most relevant to position applied for)

School Name: _____ Did you graduate? Yes No GED

City _____ State _____ Zip Code _____

Degree: _____ Major: _____ Name Used During Attendance: _____

Attendance Dates: _____ Graduation/GED Date: _____

EMPLOYMENT BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION

DISCLOSURE

Lake Clarke Gardens Inc

_____ ("Company") may obtain information about you from ClearStar Logistics, Inc., PO Box 1003, Cumming, GA 30028, 877-796-2559, or another third-party consumer reporting agency, for employment purposes, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment, if applicable, and without giving you any further notice. Thus, you may be the subject of a background check, also known as a "consumer report" and/or an "investigative consumer report," which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain, without limitation, all or some of the following types of information about you: credit history, social security number verification, address and alias history, personal references, professional references, employment history, educational history, licenses, certifications, motor vehicle records, driving records, criminal history, and civil court record history. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the applied-for position. You have the right to know whether a consumer report has been obtained about you; and you have the right to request a copy of any report obtained by Company, a copy of "A Summary of Your Rights Under the FCRA," and a complete and accurate written disclosure of the nature and scope of any investigative consumer report obtained by Company. An investigative consumer report is information on an individual's character, general reputation, personal characteristics, or mode of living is obtained through a personal interview with an information source. The nature and scope of the most common form of investigative consumer report obtained for employment purposes is an interview with a reference, employer, coworker, supervisor, or customer.

New York and Maine residents only: You have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly. You may contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York residents only: Upon request, you will be informed whether or not a consumer report was requested by Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon residents only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records will be provided upon request.

Washington State residents only: You have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

AUTHORIZATION

I acknowledge receipt of the Background Check Disclosure and A Summary of Your Rights Under the FCRA, and certify that I have read and understand both documents. I hereby authorize Company to obtain background check information, including consumer reports and investigative consumer reports, about me from ClearStar Logistics, Inc., or another third-party consumer reporting agency, for employment purposes, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during my employment, if applicable, and without giving me any further notice. To this end, I hereby authorize, without reservation, any credit bureau, creditor, employer, coworker, supervisor, customer, institution, school, college, university, license or certificate granting entity, state department of motor vehicles, state department of revenue, court, governmental agency, law enforcement agency, information service bureau, insurance company, other record-keeping agency, person, administrator, organization, company, corporation, entity, and any other information source, to furnish any and all background information requested by ClearStar Logistics, PO Box 1003, Cumming, GA 30028, 877-796-2559, www.clearstar.net, another third-party acting on behalf of Company, and/or Company itself, and regardless of whether the requested information was received from another source. I agree that a copy of this Authorization shall be as valid as the original.

New York residents only: By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma residents only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California residents only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Authorization Signature

Date

First Name

Middle Name

Last Name