

EAGLE CAY HOMEOWNERS' ASSOCIATION, INC

C/O DST Property Management

2300 W Sample Rd #310 * Pompano Beach, FL 33073 * Phone: (954) 933-2353

ALL DOCUMENTS TO BE SUBMITTED TO ABOVE ADDRESS ATTENTION LEASING DEPT.

APPLICATION TO LEASE OR OCCUPANCY

INSTRUCTIONS:

1. Application & credit authorization form must be fully completed by each proposed applicant other than married couple (proof required if different last names) or parent/ child (which is considered 1)
2. A copy of the fully executed lease is required.
3. Association has 30 days to complete its processing from the date of receipt of the fully completed application. All fees and any supplemental information required. If a question is not answered adequately or left blank, this application may be returned, not processed and not approved and a resubmittal fee of \$100 will be required.
4. A legible copy of your driver's license, passport or state/federal ID must be included with application for all adult occupants. Anyone 18 years of age is required to apply.
5. The owner must provide the lessee with a copy of the Master Declaration.
6. All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
7. All Assessments must be paid up to date prior to processing of lease application.
8. **Once APPROVED by Eagle Cay HOA, tenant is required to submit a separate application through the Master Association (Regency Lakes Homeowners Association). See attached information sheet. The Master Association requires a minimum 650 credit score. Approval through Eagle Cay does not mean you have been approved through the Master Association.**

FEES REQUIRED: MONEY ORDERS/CASHIERS CHECKS ONLY:

1. \$150.00 Per Person or Married Couple - A non-refundable application fee must be attached to this application, made payable to **EAGLE CAY HOA, INC.**
2. \$125.00 non-refundable fee for processing of new tenant's records made payable to **DST Property Management.**
3. \$500.00 common area security deposit made payable to **EAGLE CAY HOA, INC.** Refunded after expiration of lease if no damages, upon written request.

OCCUPANCY RESTRICTIONS:

1. No commercial vehicles, trailers, motor homes, mobile homes, campers, recreational vehicles, etc. permitted on the premises.
2. Use of this unit is for single-family residences only. A single-family is a single person or domestic partnership/ husband and wife and their children.

Applicant(s) sign to acknowledge X _____ X _____

READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 08/2022

**** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! ****

APPLICATION FOR OCCUPANCY

Association Name: _____

Purchase Lease Occupant Apt.# _____ Bldg.# _____ Address applied for: _____

Full Name _____ **Date of Birth** _____ **Social Security #** _____

Single Married Separated Divorced How Long? _____ Other legal or maiden name: _____

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

Charge(s): _____

Applicant's Cell Number(s): _____ Applicant's Email Address _____

Spouse _____ **Date of Birth** _____ **Social Security #** _____

Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

Spouse's Cell Number(s): _____ Spouse's Email Address _____

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

Names and ages of others who will occupy unit _____

In case of emergency notify _____ Address _____ Phone _____

PART I – RESIDENCE HISTORY

A. Present address _____ Phone: _____

(Include unit/apt number, city, state, and zip code)

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

Own Home Parent/Family Member Rented Home Rented Apt Other _____ Rent/Mtg Amount: _____

Are you on the Lease? _____ If not, who is the leaseholder? _____

Are you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Is your landlord the: Owner Realtor Family Member Roommate Property Manager Other _____

B. Previous address: _____

(Include unit/apt number, city, state, and zip code)

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

Own Home Parent/Family Member Rented Home Rented Apt Other _____ Rent/Mtg Amount: _____

Are you on the Lease? _____ If not, who is the leaseholder? _____

Are you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Is your landlord the: Owner Realtor Family Member Roommate Property Manager Other _____

C. Previous address: _____

(Include unit/apt number, city, state, and zip code)

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

Own Home Parent/Family Member Rented Home Rented Apt Other _____ Rent/Mtg Amount: _____

Are you on the Lease? _____ If not, who is the leaseholder? _____

Are you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Is your landlord the: Owner Realtor Family Member Roommate Property Manager Other: _____

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)

- 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 _____

Are you using a REALTOR®? Yes _____ No _____ If yes: REALTOR's name _____

REALTOR's Email _____ REALTOR's Cell 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. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date: _____ Spouse's Signature _____ Date: _____

AUTHORIZATION FORM

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. **PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY.** If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

AGREEMENT:

1. I hereby agree for myself and on behalf of all persons who may use the unit I seek to lease will abide by all restrictions contained in the By-Laws, Rules and Regulations, Association Documents and restrictions which are or may in the future be imposed by the EAGLE CAY HOA, INC.
2. I have received a copy of the Association Documents.
3. I understand that I will be advised by the Board of Directors of either acceptance or denial of application. I understand the Association has 30 days from the date of this application and any supplemental information required by the Association is received in which to approve or deny this application.
4. I may not have guests/ visitors for 30 days or more in a calendar year when I am not present.
5. Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of my application.
6. Occupancy prior to Board of Directors approval is prohibited.
7. I understand the EAGLE CAY HOA, INC. board of Directors may institute an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and the investigative company to make such investigation, and agree that the information contained in the attached application may be used in such an investigation. The Board of Directors, Officers and Management of EAGLE CAY HOA, INC. 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 foregoing application, I am aware the decision of EAGLE CAY HOA, INC. will be final and agree to be governed by such determination.

ACCEPTANCE OF PROCESSING FEE DOES NOT CONSTITUTE APPROVAL OF THIS TRANSACTION

Signature: _____

Signature: _____