

**ROYAL GREENS at GATEWAY CONDOMINIUM
ASSOCIATION, INC.**

*c/o Castle Group
12270 S. W. 3rd Street, Suite 200
Plantation, Florida 33325*

APPLICATION PROCEDURES AND REQUIREMENTS

LEASE APPLICANTS ONLY

- 1.) Upon completion of Association application packet, submit your packet to Castle Group for processing at 12270 S. W. 3rd Street, Suite 200, Plantation, Florida 33325.
- 2.) Submit with your application the required, non-refundable application fee of \$100.00 per applicant, payable to Royal Greens at Gateway Condominium Association. Married couples are considered one applicant. If legally married using different last names, submit a legible copy of your marriage certificate. All occupants of the age of 18 years are required to apply. Application fees are payable by money order or local check only.
- 3.) Leasing applicants are required to submit a common area security deposit equal to one months rent with this application. Deposits are payable to Royal Greens @ Gateway Condominium Association. Deposits will be returned once your lease has terminated and the condominium property has been inspected. Any damages to the Association property will be deducted from this deposit.
- 4.) Submit with your Lease application a legible copy of your Lease agreement, signed by all parties.
- 5.) If not a U. S. citizen, submit a legible copy of your passport and visa.
- 6.) Submit a legible copy of your drivers' license and social security card. This information is required to complete your background check.
- 7.) Do not fax any material to Castle Group unless requested to do so by the processing department.
- 8.) Return all pages of the application and all supporting material. If an item does not apply, mark as N/A.

SALES AND LEASING APPLICATION REQUIREMENTS FOR ALL ASSOCIATIONS

The following general requirements apply to **all Sales and Leasing applications** submitted for review and processing by Castle Management.

**Please refer to the attached specific instructions
for your Association.**

- The application form must be completed in its entirety. **Missing information and/or documentation will result in the application being returned.** If an item is not applicable, mark as “N/A”.
- Copies of required documentation, such as the contract for lease or purchase, drivers license, social security card, passport/visa/Permanent Resident card, etc., or any other required documentation must be legible. **If not legible, the application will be returned.**
- Castle Management’s charge for making copies of required documentation is \$.25 per page. Please be prepared to pay the exact amount for the number of pages as our office does not make change. Copies of the application will not be made for any one other than the applicant.
- Incomplete or partial applications personally delivered to our corporate office will not be accepted. Please ensure that the application is completely filled out **prior** to visiting our corporate office.
- Incomplete or partial applications received via mail will be returned.
- Castle Management does not accept faxed applications and/or documentation unless otherwise specified by the Sales and Leasing Department.
- **Applications are processed in the order that they are received.** Requests to “expedite” or “rush” an application are not fair to previous applicants and will not be considered. Most associations have a 30 day requirement to process and approve an application. Contracts for Sale or Lease should reflect a closing date or start date that is on or after the required processing time. **Applicants are not permitted to move in prior to association approval.**
- An Agreement to enter a lease or memo to enter a lease **is not** a valid lease contract and will not be accepted. Only valid residential lease agreements or purchase contracts that are clearly legible and signed by all parties will be accepted.
- Checks and/or money orders for application fees and security deposits **must be made out to the Association – not Castle Management.**
- Legally married couples are considered as “one application”. If a married couple has different last names, a copy of your marriage certificate is required.
- **All other occupants, 18 years of age or older, must be screened and must submit an application and fee,** even if they are family members of the lessee or purchaser. .
- **Please read and comply with the attached specific rules, fees and required documentation for the association to which you are applying.**

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

8795 West McNab Road, First Floor, Tamarac, Florida 33321
www.associatedcreditreporting.com

Phone: 954-543-9400
Toll Free: 800-676-7640
Fax: 954-543-9411
Toll Free Fax: 800-235-7185

APPLICANTS: Most banks, financial institutions, mortgage companies and employers require your signature and name printed to verify information. Please complete the form below: Thank you.

AUTHORIZATION FORM

You are hereby authorized to release any and all information requested with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references to **Associated Credit Reporting, Inc.** This information is to be used for my/our credit report for my/our Application for Occupancy.

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 for the exclusive use of the association for residential screening purposes only.

PLEASE INCLUDE COPY OF DRIVER'S LICENSE and SOCIAL SECURITY CARD TO CONFIRM IDENTITY. If you do not have a Social Security Card, please include a copy of your Passport or current identification card.

Please notify your Landlord(s), Employer(s), and Character References that we will be contacting them to obtain a reference pursuant to your application.

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 signature.

I/We certify under penalty of perjury that the foregoing is true and correct.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

NOTE TO APPLICANTS: Banks and some employers require your signature and name printed as authorization to verify information. To expedite your application you may want to include a copy of your most recent bank statement and earnings statement. Thank you!

NOTE: Complete all questions and fill in all blanks. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly or type all information. Missing information will cause delays. All information on this application will be verified.

PLEASE USE BLACK INK

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

APPLICATION FOR OCCUPANCY

Association Name: _____

NOTE: All information supplied is subject to verification. All telephone numbers must be able to be reached between 9-5 P.M. Date _____

Purchase _____ Lease _____ Apt. _____ Bldg. No. _____ Property Address: _____

Full Name _____ Date of Birth _____ Social Security # _____

(_____) Single (_____) Married (_____) Separated (_____) Divorced - How Long _____ Maiden Name _____

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

Charge (s) _____

Spouse _____ Date of Birth _____ Social Security # _____

Maiden Name _____ Have you ever been convicted of a crime _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

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

Names and ages of others who will occupy unit _____

Applicant(s) Cellular Telephone Number _____ Applicant(s) Email Address _____

In case of emergency notify _____ Address _____ Phone _____

PART I – RESIDENCE HISTORY

PLEASE PRINT FULL ADDRESS, INCLUDING UNIT/APT NUMBER, CITY, STATE & ZIP CODE

A. Present address _____ Phone _____

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

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

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

B. Previous address _____ Phone _____

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

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

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

C. Previous address _____ Phone _____

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

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

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

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)

Please notify Character References that we will be contacting them to obtain a reference

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 _____

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 _____