

APPLICATION FOR RENTAL OCCUPANCY

THOUSAND OAKS AT CONGRESS MASTER ASSOCIATION, INC.

1034 Center Stone Lane Riviera Beach, FL 33404 Phone: (561) 845-1016 Fax: (561)429-3134

E-Mail: thousandoaks1@yahoo.com

**The cut-off for HOA acceptance of rental applications is every Tuesday "before" the rental committee meets, on the 1st and 3rd Wednesday's by 1pm.

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Information Needed for Approval

Thous	sand Oaks Address:	Date:	-
Prospe	ective Tenant:	Phone:	
Email /	Address:		
Owne	r Name:	Phone:	-
Email /	Address:		
Realto	or Name for Tenant:	Phone:	
	ANDLORDS RENTING PROPERTY IN RIVIER APPLICATION OR THE APPLICATIONS WILI		
	nore information regarding this license please		
All lea termin of the units	E and OCCUPANCY RESTRICTIONS: assess shall be in writing and approved by the Anate the lease at any time, in representation of Declaration, Articles of Incorporation, and By is also subject to written pre-approval of the OVAL:	f the lessor upon default by the tenant of y-Laws of the Master Association or any a	any violation or disregard of the provisions
	ospective tenants must receive written approv	val by the Master Association prior to unit	occupancy.
The N	Master Association reserves the right to intervi	iew prospective tenants prior to unit occur	pancy.
All pro	ospective tenants must complete a Master Ass	sociation Application and must submit the	following:
	Application Fee & Security Deposit		
	Master Association Application		
	Business -use of Vehicle (s), attached pict	ures of complete vehicle from both angles	
	Copy of Lease Agreement; LEASE agreeme	ents WILL BE A MINIMUM OF (6) MONT	HS AND NOT TO EXCEED (1) YEAR
	Copy of Valid Driver's License or Identific	ation card and ALL resident vehicle registr	rations
	Copy of Social Security card for ALL Residunder the age of 18 must submit	dents over the age of 18. <mark>Any person residi</mark> either a birth certificate or photo/school	
	Proof of ALL Income MUST CONSIST OF Bank statements, letters from em		PAY STUBS.
	Copy of Landlord's Occupational License -	- Available from City of Riviera Beach	
FEES:			
landlo	0.00 NON-REFUNDABLE FEE for background ord/owner and kept in an escrow account which yorder, or cashier checks made payable to: T	ch may be refunded provided NO violation	
	\$100.00 NON-Refundable fee per		
	\$1,000.00 Security Deposit (Must be paid b		
		<i>y</i> • · · · · · · <i>y</i>	

If approved you agree to purchase a Barcode for the community. Barcodes are 35.00 each once approved, you will have to do an orientation and purchase the barcode before you will receive your C.O.A.

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Application for Occupancy

Please fill in "all" blanks. Incomplete applications may result in delayed processing and/or disapproval. If questions do not apply, answer N/A. Please print legibly or type all information.

Thousand Oa	aks Address:			
Owner's Nan	vner's Name: Contact #:			
Owner's mail	ing:			
Phone:	ne: Cell#:			
Renter's Nan	ne:			
Phone:		Cell#:_		
Email Addres	ss:			
Lease Term:	to _		Number Occupants:	
Tenants Name	e [Print-must be readable]	D.O.B	Relationship to Tenant	Social Security #
1				
				-
5				
Drivers Licer License or II		rd number for ALL m	embers in the household. (Pl	ease attach a copy of D/L
1. Name:		[Orivers License #:	
2. Name:		С	Orivers License #:	
3. Name:			Orivers License #:	
4. Name:	Name: Drivers License #:			
Please list th	ne make, model and tag num	nbers of all automobil	es that will be parked at your	residence.
Year	Make	Model	Color	Tag No
Year	Make	Model	Color	Tag No
Year	Make	Model	Color	Tag No
Year	Make	Model	Color	Tag No.

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<u>Character References (No Family Members) Must have 2 references per adult 18 and older.</u> <u>Please make additional copies of this page if needed</u>

Tenant Name:	_ Reference Name: _	Phone #:		
Address:		_Occupation:		
Tenant Name:	_ Reference Name: _	Phone #:		
Address:		Occupation:		
Tenant Name:	_ Reference Name: _	Phone #:		
Address:		_Occupation:		
Tenant Name:	_ Reference Name: _	Phone #:		
Address:		Occupation:		
1. Do you receive any housing assistan	nce?If yes	, please explain		
2. Has anyone in your household ever l	been charged or arre	sted?If yes, please explain		
REQUIRED Please list place(s) of residence for the past two years for each adult applicant. If additional space is needed, please attach.				
Tenant Name(s):				
Present Address:				
Residency Dates: From	to	Rent/Mtg amt:		
Name of Landlord/Mortgagee:		Phone #		
Tenant Name(s):				
Present Address:				
		Rent/Mtg amt:		
Name of Landlord/Mortgagee:		Phone #		

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Tenant Name(s):		
Previous Address:		
Residency Dates: From	to	Rent/Mtg amt:
Name of Landlord/Mortgagee:		Phone #
Tenant Name(s):		
Previous Address:		
Residency Dates: From	to	Rent/Mtg amt:
Name of Landlord/Mortgagee:		Phone #
Please list employment history for	or the past two years. If additional spac	e is needed, please attach.
Tenant A Name:	Current Employer:	Phone No
Address:		Position
Supervisors Name	Employed From	To
Reason for Leaving	-	
Tenant A Name:	Previous Employer:	Phone No
Address:		Position
Supervisors Name	Employed From	To
Reason for Leaving		
Tenant B Name:	Current Employer:	Phone No
Address:		Position
Supervisors Name	Employed From	To
Reason for Leaving		
Tenant B Name:	Previous Employer:	Phone No
Address:		Position
Supervisors Name	Employed From	To
Reason for Leaving		

RESIDENTIAL SCREENING AUTHORIZATION

<u>BEFORE</u> signing above I give <u>FULL AUTHORIZATION</u> to obtain my Credit Report, Criminal History Record and Eviction Record and permission to verify the information stated on the application forms.

Terminations of Lease Agreement: Violation of Rules and Regulations

All adult occupants must complete this form: Use additional sheets as necessary.

Violation of Rules and Regulations can be fined and/or lead to eviction and termination of lease agreement. Any criminal or felony charges committed during your lease term as a resident of Thousand Oaks may result in immediate Termination of lease agreement.

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Print Full Name:	
Current Address:	
Social Security #:	DOB:
Monthly Income	Monthly rent on lease
Signature:	Date:
Print Full Name:	
Current Address:	
Social Security #:	DOB:
Monthly Income	Monthly rent on lease
C:	Data

Resident Parking Bar Codes

Tenant Name

Vehicle # 1 Make:	Model:	
	Color:	
Decal #:	Date Issued:	
Vehicle # 2 Make:	Model:	
Tag #:	Color:	
Decal #:	Date Issued:	
Vehicle # 3 Make:	Model:	
	Color:	
	Date Issued:	
Vehicle #4 Make:	Model:	
	Color:	
=	Date Issued:	

NO BUSINESS/ COMMERCIAL VEHICLES ARE ALLOWED TO RESIDE IN THE COMMUNITY

- Decals will be applied to the vehicle at the guardhouse. NO decals will be issued to individuals. Once applied, decals are not permitted to be removed or re-attached to other vehicles.
 Tenant decals will expire upon lease termination date. All Tenant information is to be verified with Property Manager.
 Each bar code will be available at the cost of \$35.00. Maximum of (4) per household. Please attach a copy of the vehicle's registration document for each vehicle.
- 2. Decals are for owners and tenants ONLY. They are NOT to be issued to visitors, vendors, or any other entity that is not an owner or tenant within Thousand Oaks, unless agreed upon by the majority vote at an HOA meeting.
- 3. Please be advised that any owners who are delinquent in their HOA assessments will not be issued Bar Codes until their assessments are bought up to date by the owner.
- 4. Please be advised that all tenants must be approved by the Screening Committee of Thousand Oaks and any tenants that have not been screened will be refused Bar Codes. Homeowners with tenants must inform the Property Manger's office that they are renting their property to enable the Property Manager to confirm their legal residency within Thousand Oaks.

Please refer to our website to obtain a full copy of the Community Rules and Regulations: www.thousandoaksfl.com

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Pet Registration Information

Pet Owner's Address:	
Type of Pet (circle one): Dog, ** Cat, Bird,	Other
Specify:	
**Breed:	
Pet's Name	
Pet's Age	
Pet's Weight:	
Pet's License / Tag Number:	
I am aware of the Thousand Oaks at Congrules, regulations and restrictions regarding agree to adhere to all. The American Pit Bu Staffordshire Terrier, any cross mix among dog or pet deemed to be a threat to the saf Oaks by the Board of Directors (with reasopermitted on the property. PET OWNER'S NAME:	g pets on the property and I fully ull, Stafford Bull Terrier, Americanst these breeds, and any other ety of the occupants of Thousand
Print Signature	

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