

Bristol Lakes Homeowners Association, Inc.

Application for Leasing Approval

Application Requirements, please read carefully and completely.

1. This application must be completed in detail by the proposed lessee and returned to:

Campbell Property Management

9897 Lake Worth Rd., Suite 304

Lake Worth, Florida 33467

Phone 561-432-2703

2. Please attach a copy of the signed lease agreement.

3. Please attach a non-refundable processing fee of \$75.00 payable to Bristol Lakes Homeowners Association.

4. No unit shall be leased more than one (1) time in any 12 month period. No lease term shall be less than 3 Three months. Renewal of lease has to be approved by the Board of Directors. All assessments must be current before lease can be approved. A \$250.00 refundable security deposit for common areas is required on all leases. This will be refunded at the end of the lease if there is no damage and if gate clickers are returned. Corporations may not lease unit.

5. Only two (2) household pets per unit are allowed. NO Pit Bull Terriers are allowed.

6. Only private passenger vehicles are allowed unless garaged. Parking on the street is not allowed.

7. This completed application must be submitted to the association office no later than fifteen (15) days prior to leasing.

8. Homeowners need to provide lessees with security cards for the association facilities prior to leasing.

Signature of Current Owner _____ Date _____

Signature of Lessee _____ Date _____

Signature of Lessee _____ Date _____

BRISTOL LAKES HOMEOWNERS ASSOCIATION, INC.
APPLICATION FOR LEASE APPROVAL

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Please Print or Type

Owner Information

Present Owner's Name: _____ Phone: _____

Address of Unit for Lease: _____

Lease Information

Name or Realtor Handling Lease: _____ Phone: _____

Lease Term: _____ 20__ through _____ 20__

Lessee's Information

Lessee's Name: _____

Marital Status: _____ Maiden Name: _____

Date of Birth: _____ Social Security # _____ - _____ - _____

Souse/ Co-applicant: _____

Marital Status: _____ Maiden Name: _____

Date of Birth: _____ Social Security # _____ - _____ - _____

Number of Adult Occupants: _____ Number of Children (under 18) _____

Other persons who will occupy unit with lessee: (Please provide proof of age for all occupants)

Name	D.O.B	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pets

Number of Pets: _____ (limit of two pets per unit)

Description: _____ Weight: _____

Description: _____ Weight: _____

BRISTOL LAKES HOMEOWNERS ASSOCIATION, INC.
APPLICATION FOR LEASE APPROVAL

APPLICATION FOR LEASE APPROVAL
Continued

Please Print or Type

Residency

Present Address: _____
Street Address

City State Zip

Home Phone: _____ Work Phone _____

Automobile Information

Number of Vehicles: _____

Make: _____ Model: _____ Year: _____

Color: _____ Tag #: _____ State: _____

Make: _____ Model: _____ Year: _____

Color: _____ Tag #: _____ State: _____

Driver's License # _____

Licensing State: _____ Expires: _____

Driver's License # _____

Licensing State: _____ Expires: _____

Employment

Lessee's Present Employer: _____ Phone: _____

Position _____ Supervisor: _____

Employed from _____ to _____

Spouse / Co-applicant's Employer _____ Phone: _____

Position _____ Supervisor: _____

Employed from _____ to _____

Bank Reference

Bank Name: _____ Phone: _____

Address: _____

**BRISTOL LAKES HOMEOWNERS ASSOCIATION, INC.
APPLICATION FOR LEASE APPROVAL**

PROOF OF RECEIPT OF USE RESTRICTIONS

I / We have received a copy of the "Use and Restrictions", as attached, for **Bristol Lakes Homeowners Association, Inc.**

I / We certify that the information supplied by me (us) is true and correct.

Signature

Date

Signature

Date

CHECKLIST

1. If any question is left blank, this application may not be approved. This application is subject to approval.
2. Please attach a non-refundable security deposit of \$75.00 payable to Bristol Lakes Homeowners Association.
3. Please attach a refundable security deposit of \$250.00 for the common areas.
4. Please enclose a copy of the complete and signed Lease with this application.
5. Please enclose proof of age for all occupants.

AUTHORIZATION TO RELEASE INFORMATION

Authorization to Release Credit, Residence, Banking and Employment Information

You are authorized to release to Scott · Roberts and Associates, LLC any information requested regarding my background, banking, credit, employment and residence. Scott · Roberts and Associates, LLC is also authorized to obtain a consumer credit report.

I waive all right and privileges concerning the release of said information and reports to Scott · Roberts and Associates, LLC.

Signature

Last Name Printed

Date

Signature

Last Name Printed

Date

BRISTOL LAKES HOMEOWNERS ASSOCIATION, INC.
APPLICATION FOR LEASE APPROVAL

AGREEMENT AND INFORMATION RELEASE

1. I hereby agree for myself and on behalf of all persons who may use the home which I seek to lease:
 - a. I will abide by all the restrictions contained in the By-Laws, Rules and Regulations, and Restrictions, which are or may in the future be imposed by Bristol Lakes Homeowners Association, Inc.
 - b. I understand that pets (if any) must be kept on a leash and all solid waste must be removed.
 - c. I understand that sub-leasing or occupancy of this unit in my absence is prohibited.
 - d. I understand that I must be present when any guest, visitors or children who are not permanent residents occupy the unit.
 - e. I understand that any violation of the terms, provisions, conditions and covenants of the Bristol Lakes Homeowners Association, Inc. documents provides cause for immediate action as therein provided, or termination of the leasehold under appropriate circumstances.

2. I understand that the acceptance for Lease of a unit is conditional upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of information of these forms will result in the automatic rejection of this application. Occupancy prior to approval is prohibited.

3. I understand the Board of Directors at Bristol Lakes Homeowners Association, Inc. may cause to be instituted such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors or its agent to make such investigation and agree that the information contained in this and the attached application may be used in such investigation and that the Board of Directors and Officers and agents of Bristol Lakes Homeowners Association, 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 or Directors or its agents.

4. In making the foregoing application, I am aware that the decision of Bristol Lakes Homeowners Association, Inc. will be final and no reason will be given for any action taken by the Board. I agree to be governed by the determination of the Board of Directors.

Applicant's Signature

Date

Applicant's Signature

Date

**BRISTOL LAKES HOMEOWNERS ASSOCIATION, INC.
APPLICATION FOR LEASE APPROVAL**

REFERENCE

Date: _____

Mr. / Mrs. / Ms.: _____ anticipates leasing a unit at Bristol Lakes. We would appreciate your comments as follows:

- 7. How long have you known the applicant? _____
- 8. Is your relationship with the applicant business, social or both? Please comment: _____

- 9. Character Reference: _____

- 10. Does applicant have congenial personality? _____
- 11. Would you consider applicant to be desirable resident? _____
- 12. Additional comments which might give us a better understanding of application. _____

Please be assured that any comments you make will be held in the strictest confidence.

Please return to:

Campbell Property Management.
Suite 304, 9897 Lake Worth RD.
Lake Worth, FL. 33467
561-425-8085

Name of person completing form: _____

Signature: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Campbell Property Management ("the Company") may obtain information about you from a consumer reporting agency for tenant screening purposes. Thus, you may be the subject of 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, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records ("driving records"), and verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is an investigation into your education and/or employment history conducted by Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888) 605-4265, www.scottrobertsassociates.com ("Agency"), or another outside organization. One person per application. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. By signing this document you agree you have read and understand this disclosure.

Consumer's Signature

Print Consumer's Name

Sign Here

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my tenancy, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888)605-4265, www.scottrobertsassociates.com, another outside organization acting on behalf of Campbell Property Management, and/or Campbell Property Management itself. I agree that a facsimile ("fax") or electronic or photographic copy of this Authorization shall be as valid as the original.

State of Washington applicants and/or residents only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

New York applicants and/or residents only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

California applicants and/or 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 at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Last Name: _____ First Name: _____ Middle: _____

Other Names used (alias, maiden, nicknames): _____

Email Address: _____

Current Address: _____
Street/P.O. Box City State Zip Code County Dates

Former Address: _____
Street/P.O. Box City State Zip Code County Dates

Former Address: _____
Street/P.O. Box City State Zip Code County Dates

Current Employer: _____
Company Name City State Zip Code

Hire Date Supervisor Name/phone # Salary

Former Employer: _____
Company Name City State Zip Code

Hire Date End Date Salary Supervisor Name/phone #

Education Information: _____
Institution Name City State

Highest Degree Achieved Major Date Degree Awarded

Driver's License #: _____ State: _____ Gender: _____ Daytime Phone: _____

Social Security Number: _____ * Date of Birth: _____ *

*This information will be used for background screening purposes only.

Have you ever been convicted of a crime? _____ Yes or _____ No (if yes please provide details)
Details: _____

BRISTOL LAKES HOMEOWNERS ASSOCIATION, INC.
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CERTIFICATE OF APPROVAL FOR APPROVED OCCUPANCY

I, the undersigned officer of Bristol Lakes Homeowners Association, Inc., certify that

_____ has/ have been approved as lessee(s) of the

Applicant(s) Name

Following described property located at _____

Street Address

Boynton Beach, FL 33437.

This agreement applies only to the lease term for the above home from _____ 20____
to _____ 20____.

Dated the _____ day of _____, 20____.

By: _____

Title: _____