

# PLANTATION PALMS HOMEOWNERS ASSOCIATION, INC

c/o J&L Property Management, Inc.  
10191 W. Sample Rd. #203  
Coral Springs, FL 33065  
Office: (954) 753-7966  
[www.jlpropertymgmt.com](http://www.jlpropertymgmt.com)

Buyers and Tenants must complete the “Information Sheet” and submit it back to Management. If you are leasing, please be sure to include a copy of your lease with this information sheet.

Please send your completed form back to Management one of the following ways:

Email: [Paola@jlpropertymgmt.com](mailto:Paola@jlpropertymgmt.com)

Fax: (954) 753-1210

Mail: Plantation Palms HOA  
c/o J&L Property Management, Inc.  
10191 W. Sample Rd. #203  
Coral Springs, FL 33065

*\*Buyers, once you've closed on the property, please also email the completed Information Sheet back to [Shannon@jlpropertymgmt.com](mailto:Shannon@jlpropertymgmt.com) with your closing papers, so she may enter you as the new owner\**

## MANAGEMENT CONTACT INFORMATION

Property Manager: [Mauro@jlpropertymgmt.com](mailto:Mauro@jlpropertymgmt.com)

Manager Assistant: [Rikki@jlpropertymgmt.com](mailto:Rikki@jlpropertymgmt.com)

Legal / Estoppels: [Shannon@jlpropertymgmt.com](mailto:Shannon@jlpropertymgmt.com)

# PLANTATION PALMS HOA INFORMATION SHEET

Please provide complete and accurate information. False information is strictly prohibited.

Purchase  Lease

DATE FORM IS BEING COMPLETED: \_\_\_\_\_

*If leasing, you must include a copy of the lease with this information sheet.*

PROPERTY ADDRESS: \_\_\_\_\_ UNIT#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**IF PURCHASING:** CLOSING DATE: \_\_\_\_\_

**IF LEASING:** LEASE TERM \_\_\_\_\_ LEASE START/END DATE \_\_\_\_\_

MONTHLY RENT \_\_\_\_\_

**PRIMARY APPLICANT LEGAL NAME:** \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL 2: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

## CURRENT RESIDENCE

STREET ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\_\_\_\_ OWN OR \_\_\_\_ RENT      LENGTH OF RESIDENCE: YEARS \_\_\_\_ MONTHS \_\_\_\_

**CO-APPLICANT LEGAL NAME:** \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL 2: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

## CO-APPLICANT CURRENT RESIDENCE

STREET ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\_\_\_\_ OWN OR \_\_\_\_ RENT      LENGTH OF RESIDENCE: YEARS \_\_\_\_ MONTHS \_\_\_\_

**PLEASE LIST THE FIRST & LAST NAMES, AGE & RELATIONSHIP OF ANY  
ADDITIONAL RESIDENTS TO THIS PROPERTY \*\*\*18 YEARS OF AGE OR OLDER  
WHO IS NOT A SPOUSE MUST SUBMIT A SEPARATE APPLICATION\*\*\***

FIRST & LAST NAME

AGE

RELATIONSHIP

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## EMPLOYMENT HISTORTY

### PRIMARY APPLICANT

EMPLOYER NAME: \_\_\_\_\_ JOB STATUS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_  
OCCUPATION / POSITION \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_  
TEL: \_\_\_\_\_ SALARY: \_\_\_\_\_ Circle: WEEKLY / MONTHLY / YEARLY  
IF SELF EMPLOYED – TYPE OF BUSINESS: \_\_\_\_\_ YEARS: \_\_\_\_\_

### CO-APPLICANT

EMPLOYER NAME: \_\_\_\_\_ JOB STATUS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_  
OCCUPATION / POSITION \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_  
TEL: \_\_\_\_\_ SALARY: \_\_\_\_\_ Circle: WEEKLY / MONTHLY / YEARLY  
IF SELF EMPLOYED – TYPE OF BUSINESS: \_\_\_\_\_ YEARS: \_\_\_\_\_

### PERSONAL REFERENCES (NO FAMILY MEMBERS)

NAME: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
NAME: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

### VEHICLE INFORMATION – \*Prior to moving in, please provide copy of registration & insurance with property address listed to obtain a decal.

VEHICLE 1 MAKE: \_\_\_\_\_  
MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_ YEAR: \_\_\_\_\_  
LICENSE PLATE: \_\_\_\_\_ STATE: \_\_\_\_\_ INSURED BY: \_\_\_\_\_

VEHICLE 2 MAKE: \_\_\_\_\_  
MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_ YEAR: \_\_\_\_\_  
LICENSE PLATE: \_\_\_\_\_ STATE: \_\_\_\_\_ INSURED BY: \_\_\_\_\_

### PETS

I AM MOVING IN WITH PET (circle one):      **YES**      **NO**

If **YES**, please complete the following and include a picture of your pet and up to date vaccines :

PET NAME: \_\_\_\_\_ PET TYPE: \_\_\_\_\_ PET BREED: \_\_\_\_\_  
PET SEX: \_\_\_\_\_ PET AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ PET LICENSE: \_\_\_\_\_