

Crystal Greens North, Inc. – Purchase

c/o J & L Property Mgmt. Inc
10191 W Sample Rd # 203
Coral Springs, Florida 33063

****It is important that you complete the application carefully, as any discrepancy may cause delays****

ANYONE OVER THE AGE OF 18 YEARS OLD NEEDS TO COMPLETE A SEPARATE

APPLICATION

PETS ALLOWED

ONLY 2 VEHICLES ALLOWED

MAX 4 OCCUPANTS PER UNIT NO EXCEPTIONS

PLEASE HAVE THE FOLLOWING DOCUMENTS / FORMS READY – IF YOU DO NOT HAVE THE REQUIRED DOCUMENTS YOU WILL NOT BE APPROVED

LEASE DOCUMENTATION CHECKLIST ITEMS

- Crystal Greens North, Inc. Application**
- Residential Screening Authorization Form**
- Applicant and Co-Applicant Photo Identification that demonstrates proof of Permanent U.S. Residency (US Driver's License, US Passport, Green Card, or Naturalization Certificate)**
- If married with different last names: A Copy of Marriage Certificate**
- Copy of Purchase Contract Signed by the Seller(s) and the Buyer(s)**
- Vehicle Registration for each vehicle being kept at the property**
- \$150.00 application fee PER PERSON & \$250.00 for married couples payable to J&L Property Management Inc. - Cashier's Check or Money Order ONLY.**

Please submit complete application to

salesandleasing@jlpropertymanagement.com

or mail to J&L Property Management Inc.'s office

J & L Property Mgmt. Inc

10191 W Sample Rd Suite #203

Coral Springs, Florida 33063

RESIDENTIAL SCREENING AUTHORIZATION FORM

(Please Print) Name: _____ Sex: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: _____

I give my authorization to this landlord, agent, AccuData Inc, or any party or agency contacted by this landlord or agent to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's Signature _____ Date _____

(Accudata client information only)

Company Name: _____

Contact Name: _____

Tel#: _____ **E-mail or Fax# (for results):** _____

Type of Screening Requested

Package: 2

THE APPLICATION

Please provide complete and accurate information as failure to do so will cause delay of the application. False information is strictly prohibited.

Purchase Lease

PROPERTY ADDRESS: _____ UNIT#: _____

CITY: _____ STATE: _____ ZIP CODE: _____

IF PURCHASING – CLOSING DATE: _____

IF LEASING:

LEASE TERM _____ LEASE END DATE _____ MONTHLY RENT _____

PRIMARY APPLICANT LEGAL NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

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: _____ SOCIAL SECURITY NUMBER: _____

EMAIL: _____ EMAIL 2: _____

CELL PHONE: _____ WORK PHONE: _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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 so, complete the following:

PET OWNER NAME: _____ PET TYPE: _____
PET SEX: _____ PET BREED: _____
PET AGE: _____ WEIGHT: _____ PET LICENSE: _____

CONVICTIONS

HAVE YOU EVER BEEN ARRESTED? _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? INCLUDING MISDEMEANORS, DUI, ETC.? _____

HAVE YOU HAD CHARGES DROPPED AGAINST YOU? _____

IF YES, PLEASE EXPLAIN: _____

HAS CO-APPLICANT EVER BEEN ARRESTED? _____

HAS CO-APPLICANT BEEN CONVICTED OF ANY CRIME? INCLUDING MISDEMEANORS, DUI, ETC.? _____

HAS CO-APPLICANT HAD CHARGES DROPPED AGAINST THEM? _____

IF YES, PLEASE EXPLAIN: _____

Applicant's Signature: _____ **Date:** _____

Co-Applicants Signature: _____ **Date:** _____