

Sandalfoot Cove Section One HOA

J&L Property Management

10191 W. Sample Road Suite 203

Coral Springs, FL 33065

Phone #: (954) 753-7966

INSTRUCTIONS FOR COMPLETION OF LEASE APPLICATION

1. Attached application must be completed IN FULL and signed. IF THE APPLICATION IS NOT COMPLETED IN FULL, IT WILL BE RETURNED.
2. Forward the following to Sandalfoot Cove One HOA:
 - A) **Completed application. UNMARRIED APPLICANTS FILL OUT SEPARATE APPLICATION.**
 - B) **Copy of the Purchase or Lease Agreement.**
 - C) **Clear copy of driver's licenses, photo I.D. and Social Security Card for each adult listed on the form.**
 - D) **Non – Refundable Check for \$50.00 per person made payable to Sandalfoot Cove One HOA.** That covers screening fee (Credit, Criminal background, and Eviction notice search and interview). The Property Manager conducts the interview.
3. There is a 20-day minimum processing time from the date the complete proper information is received by the Management Office. No application will be given priority or rushed consideration.
4. You will be notified by telephone of a convenient time for an interview by the Screening Committee. You must be flexible with times for interview.

Thank you for your cooperation.

Sincerely,

Sandalfoot Cove Section One

Please COMPLETE & Return pages with non refundable application fee of \$50.00 (per application) (Money Order or Cashier's Check ONLY, payable to Sandalfoot Cove One HOA) to:

**J&L Property Management
10191 West Sample Road, Suite 203
Coral Springs, FL 33065
Attention: Sales & Leasing**

Sandalfoot Cove Section One HOA

J&L Property Management

10191 W. Sample Road Suite 203

Coral Springs, FL 33065

Phone #: (954) 753-7966

APPLICATION FOR RESIDENCY

PRESENT OWNER'S NAME: _____ MOVE IN DATE _____

Sandalfoot Cove ADDRESS: _____

ADDRESS OWNERS CURRENTLY RESIDING AT: _____

OWNER'S PHONE: _____ EMAIL-ADDRESS: _____

.....
Applicant Information

APPLICANT #1

NAME: _____ DOB _____ SS#: _____

APPLICANT #2

NAME: _____ DOB _____ SS#: _____

CONTACT TELEPHONE FOR INTERVIEW#: _____ EMAIL: _____

Number of Occupants: _____

NAME

DOB

RELATIONSHIP

NAME	DOB	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANY PETS () YES () NO HOW MANY (NO MORE THAN 2) _____

RESIDENCY:

PRESENT ADDRESS: FROM _____ TO _____

Street: _____ CITY/ST/ZIP: _____

PREVIOUS ADDRESS: FROM _____ TO _____

Street: _____ CITY/ST/ZIP: _____

EMPLOYMENT:

PRESENT EMPLOYER: (APPLICANT#1) _____ Phone: _____

Address: _____ City/ST/Zip: _____

PRESENT EMPLOYER: (APPLICANT#2) _____ Phone: _____

Address: _____ City/ST/Zip: _____

AUTOMOBILE INFORMATION: PLEASE FILL OUT ALL INFORMATION REQUESTED AND SUBMIT A COPY OF A PHOTO I.D. or DRIVERS LICENSE PHOTO I.D COPY FOR EACH APPLICANT

Number of cars: _____

Drivers License #: _____ State/Exp. Date: _____

Drivers License #: _____ State/Exp. Date: _____

Make	Model	Year	Tag#/ST

Have you ever been arrested? () Yes () No
Have you ever been convicted of a crime? () Yes () No
Have you ever been evicted? () Yes () NO
If so, please give specifics on a separate page.

I/WE HEREBY AUTHORIZE THE ASSOCIATION OR ITS AGENT TO OBTAIN AND VERIFY A CONSUMER CREDIT REPORT, ALONG WITH AN INVESTIGATION OF MY BACKGROUND WHICH MAY INCLUDE INFORMATION REGARDING MY CHARACTER, BANKING HISTORY, PRESENT AND PRIOR RESIDENTIAL HISTORY AND PAST AND PRESENT EMPLOYMENT HISTORY, AND CRIMINAL BACKGROUND CHECK.

I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS FIRST ADVANTAGE CREDIT CORPORATION, GRANT PROPERTY MANAGEMENT AND SANDALFOOT COVE SEC ONE HOA., THEIR EMPLOYEES, OFFICERS AND DIRECTORS, AFFILIATES, SUB CONTRACTORS, AND AGENTS FROM ANY LOSS, EXPENSE, OR DAMAGE WHICH MAY RESULT DIRECTLY OR INDIRECTLY FROM INFORMATION OR REPORTS FURNISHED BY FIRST ADVANTAGE.

SIGNED: _____ DATE: _____
Applicant #1

SIGNED: _____ DATE: _____
Applicant #2

PET REGISTRATION FORM

(Photographs and Recent Veterinarian Report Required)

PET INFORMATION

PET #1 (Attach & label photo)

Type: DOG: CAT:

Name of Pet _____

Breed: _____

Color _____

Weight: _____

Age: _____

Date of last vaccination: _____

PET #2 (Attach & label photo)

Type: DOG: CAT:

Name of Pet _____

Breed: _____

Color _____

Weight: _____

Age: _____

Date of last vaccination: _____

You MUST register with the Association if you add a pet after moving in.

OWNER INFORMATION

Names of Owner(s): _____

Address of Owner(s): _____

I/We have read the Rules & Regulations the Association and have been advised during my/our screening that my/our pet must be on a leash at all times and I/We must remove the solid waste immediately. I/We am/are also aware that I/We must comply with the Palm Beach County Ordinance 89-2 as it related to my/our pet.

Owner Signature: _____ Date: _____

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Authorization to receive e-mail as official notification as required by the Florida statutes

To help reduce administrative cost for the association I/We agree to receive all notification from the Board or the management company by e-mail.

E-mail: _____

E-mail: _____

Owner/Owners: _____

Address: _____

Signature: _____

Signature: _____

Date: _____

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Coral Springs, FL 33065

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Date: _____

Address: _____

I (we) have received a copy of the official Rules and Regulations of the community. They have been fully explained to me (us) and I (we) agree to abide by the Sandalfoot Cove Section One rules and regulations.

Signature

Date

Signature

Date