SEA ESTA CONDOMINIUM

c/o J&L Property Management, Inc.
10191 W. Sample Road, Suite 203
Coral Springs, FL 33065
(954)753-7966

FOR BUYERS ONLY

☐	Completed Application and Authorization Form
☐	Completed Email Authorization Form and Contact Information Form
☐	Copy of Photo ID (for each Applicant)
☐	Copy or Purchase Contract

SUBMIT ALL ITEMS ABOVE TO STEPHANIE WITH A CHECK OR MONEY ORDER PAYABLE TO J&L PROPERTY MANAGEMENT IN THE AMOUNT OF $100.00 PER PERSON.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Contact Paola at Paola@jlpropertymgmt.com **with any questions.**

READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! **

APPLICATION FOR OCCUPANCY

Association Name: _____

Circle one: Purchase - Lease - Occupant - Unit.# _____ Bldg.# ____ Address applied for: _____

Full Name _____ Date of Birth _____ Social Security # _____

Circle One: Single - Married - Separated - Divorced - How Long? _____ Other legal or maiden name _____

Have you ever been convicted of a crime? _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Applicant's Cell Number(s) _____ Applicant's Email Address _____

Spouse _____ Date of Birth _____ Social Security # _____

Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

Spouse's Cell Number(s) _____ Spouse's Email Address _____

No. of people who will occupy unit – Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

In case of emergency notify _____ Address _____ Phone _____

PART I – RESIDENCE HISTORY

A. Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Are you on the Lease? _____ If not, who is the leaseholder? _____ Are you on the Deed? ____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

B. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? ____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

C. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? ____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

PART II – EMPLOYMENT REFERENCES

Include a recent copy of an earnings statement to expedite processing

A. Employed by _____ Phone _____

Dates of Employment: From: _____ To: _____ Position _____ Fax _____

Monthly Gross Income _____ Address _____

B. Spouse Employed by _____ Phone _____

Dates of Employment: From: _____ To: _____ Position _____ Fax _____

Monthly Gross Income _____ Address _____

PART III – BANK REFERENCES

Include a recent copy of a bank statement to expedite processing

A. Bank Name _____ Checking Acct. # _____ Phone _____

Address _____ Fax _____

B. Bank Name _____ Savings Acct. # _____ Phone _____

Address _____ Fax _____

PART IV – CHARACTER REFERENCES (No Family Members)

1. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

2. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

3. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

4. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

Are you using a realtor? Yes _____ No _____ If yes: Realtor's name _____

Email Address _____ Cellular Phone _____

Driver's License Number (Primary Applicant). _____ State Issued _____

Driver's License Number (Secondary Applicant) _____ State Issued _____

Make _____ Type _____ Year _____ License Plate No. _____

Make _____ Type _____ Year _____ License Plate No. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and made of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

4690 NW 103rd Avenue, Sunrise, Florida 33351
www.associatedcreditreporting.com

Phone: 754-216-0025
Toll Free: 800-676-7640
Fax: 954-635-2157
Toll Free Fax: 800-235-7185

AUTHORIZATION FORM

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

(Applicant's Signature)	(Spouse's Signature)
(Applicant's Name Printed)	(Spouse's Name Printed)
(Date Signed)	(Date Signed)

SEA ESTA CONDOMINIUM ASSOCIATION, INC.

J&L Property Management, Inc.
10191 West Sample Road, Suite 203
Coral Springs, FL 33065
Phone: (954) 753-7966 Fax: (954) 753-1210
Email: jim@jlpropertymgmt.com
www.jlpropertymgmt.com

Dear Homeowner:

In an effort to streamline our operations to be the most efficient, J&L Property Management, Inc. would like to utilize electronic mail for general correspondence and initial notices. You and your entire community will benefit by this change as it will ultimately save money currently spent on paper, envelopes & postage for mailings (which is funded by your Budget/Maintenance Fees).

Please complete the information below and return it to our office at your earliest convenience scanned via email (JLINFO@JLPROPERTYMGMT.COM), USPS mail or fax.

I/We, hereby give permission to J&L Property Management, Inc. and the Board of Directors of the Association to use the email address provided below for general correspondence, initial violation notices and community notices (in lieu of U.S. Mail). J&L Property Management, Inc and the Board of Directors will not use this email address for any other purpose, nor will it be shared with any third party not affiliated with official Association business. This email service will be used and acknowledged as though received by U.S. Mail. I/We promise to keep J&L Property Management, Inc. and the Board of Directors updated on any change in my mailing and/or email address.

Email Address (PLEASE PRINT CLEARLY) ***(Only ONE email address per household is permitted)***	Official Homeowner's Name
Property Address	Official Homeowner's Signature, Authorized to Vote On Association Matters
Mailing Address (If different from property address)	Official Homeowner's Name
Phone Number(s)	Official Homeowner's Signature, Authorized to Vote On Association Matters

Thank you in advance for your cooperation in this matter.

Cordially,
James Calderazzo, LCAM

President & Owner
J&L Property Management, Inc.