

TUSCAN VILLAS CONDOMINIUM ASSOCIATION, INC.

Instructions and important information in completion of Purchase/Rental Application. Please read carefully before completing attached. Any directions not followed will result in your application being returned.

This application is for Lease Purchase

1. The fee to process this application is \$150.00 (non-refundable) per individual / applicant (over 18years old) or per married couple (proof of marriage must be provided). Please make Cashier's Check or Money Order payable to Tuscan Villas Condominium Association, Inc.
2. An applicant must have a credit score that is good or better to be considered for all purchase or rentals. An income of \$40,000 yearly or more is also required for approval.
3. For all rentals, a deposit **EQUAL TO ONE MONTH'S RENT** must be submitted by the owner to process the application.
4. The attached application is for purchase or rental. Please complete portions of application, which affect your transaction. In areas which do not apply put N/A.
5. When submitting completed application for processing, it is necessary to attach a clear copy of the sales contract or lease.
6. Please include a clear and legible copy of each applicant's Driver's License & Social Security Card.
7. The Rules and Regulations should be removed, reviewed, and kept by applicant(s). All other documents should be completed and returned.
8. The original application indicating original signatures should be returned for processing, not photocopies.
9. Condominium Insurance is mandatory. After the Renter/Purchaser is approved Association must receive proof of insurance.
10. It is mandatory that the Association be allocated a minimum of 25 working days to fully process application for approval. No exceptions. Please plan your closing/leasing date accordingly. Please be assured that we will process this application immediately and contact you with the results. Please do not repeatedly contact management as this will not expedite the process.
11. No portion of a Unit (other than an entire Unit) may be rented. No room may be rented, and no transient tenants may be accommodated. No Unit may be leased for period of less than twelve 12 consecutive months. Tenants may not sublease a Unit.

INCOMPLETE APPLICATIONS WILL BE RETURNED.

TUSCAN VILLAS CONDOMINIUM ASSOCIATION, INC.

REQUIRED DOCUMENTS CHECK LIST

- Correct Name, Address (including zip code), Social Security number, Birth date, Driver's License Number and State of issue.
- Copy of Lease between owner and the renter.
- Security deposit equal to one month's rent. Deposit to be submitted by homeowner ONLY.
- Copy of Purchase Agreement.
- Daytime phone number for both current and previous Landlord.
- Proof of employment i.e. Letter from employer, pay stub, copy of last year's W-2 and/or bank statement if direct deposit is received.
- If self-employed, retired or disabled, proof of income is required, i.e. copy of last year's 1099 or 1040, letter from Social Security Administration and/or bank statement.
- Personal Reference letters from at least 3 references (Not including any family members).
- Copy of latest bank statement with correct name and address of applicant.
- Daytime phone number where applicant can be reached and email address.

If any of this information is not provided when application is submitted, it can cause a delay in the processing of the application.

NOTE: Complete all questions and fill in all blanks. If any questions is not answered or left blank, this application may be returned, not processed, and/or not approved. Print or type all information clearly. All information in this application will be verified.

APPLICATION FOR OCCUPANCY

NOTE: All phone numbers must be reachable between the hours of 9:00 am - 5:00 pm. Date: _____ 20____. TUSCAN VILLAS

Purchase: _____ Lease: _____ Property address: _____ Bldg: _____ Unit: _____

E-mail: _____

Cell phone: _____ Work phone: _____

Applicant Full Name: _____ Birth Date: _____ Social Security # _____
(Last, First, Middle)

Co-Applicant Full Name: _____ Birth Date: _____ Social Security # _____
(Last, First, Middle)

Single: _____ Married: _____ Widowed: _____ Divorced: _____ Separated: _____ How Long: _____ Maiden Name: _____

Have you ever been convicted of a crime Yes No If yes, Date(s): _____ Where Convicted: _____

Charge(s): _____

Co-Applicant - Have you ever been convicted of a crime: Yes No If yes, Date(s): _____ Where Convicted: _____

Charge(s): _____

Number of adults (18+) who will occupy unit: _____ Pets: YES NO Describe: _____

Names and ages of others who will occupy unit: _____

Names and ages of others who will occupy unit: _____

Have any of the other occupants been convicted of a crime: YES NO If yes, explain: _____

In case of emergency, please notify: _____

Work phone: _____ Cell phone: _____

PART I - RESIDENCE HISTORY

(Full addresses must be provided, unit, city, state, zip code, etc.)

A. Present address: _____ Phone: _____

Name of development: _____ Phone: _____ From _____ To _____

Landlord/Mortgage Company: _____ Amount: _____ Phone: _____

Address: _____ Mortgage/Loan Number: _____

B. Previous address: _____ Phone: _____

Name of development: _____ Phone: _____ From _____ To _____

Landlord/Mortgage Company: _____ Amount: _____ Phone: _____

Address: _____ Mortgage/Loan Number: _____

C. Previous address: _____ Phone: _____

Name of development: _____ Phone: _____ From _____ To _____

Landlord/Mortgage Company: _____ Amount: _____ Phone: _____

Address: _____ Mortgage/Loan Number: _____

PART II - EMPLOYMENT AND BANK REFERENCES

- A. Employed by: _____ Phone: _____
How Long: _____ Position: _____ Approx Income per month: _____
Address: _____ Supervisor: _____
- B. Spouse's Employment: _____ Phone: _____
How Long: _____ Position: _____ Approx Income per month: _____
Address: _____ Supervisor: _____
- C. Bank Name: _____ Account Number: _____
Address: _____ Phone: _____ How Long? _____

PART III - CHARACTER REFERENCES (NO FAMILY MEMBERS)

1. Name: _____ Home Phone: _____ Work Phone: _____
Address: _____ Cell Phone: _____ How Long Known: _____
2. Name: _____ Home Phone: _____ Work Phone: _____
Address: _____ Cell Phone: _____ How Long Known: _____
3. Name: _____ Home Phone: _____ Work Phone: _____
Address: _____ Cell Phone: _____ How Long Known: _____
- Number of vehicles (include company issued): _____ Driver's License Number: _____ State: _____
- Make: _____ Model: _____ Year: _____ Color: _____ Tag Number: _____
- Make: _____ Model: _____ Year: _____ Color: _____ Tag Number: _____
- Make: _____ Model: _____ Year: _____ Color: _____ Tag Number: _____
- Make: _____ Model: _____ Year: _____ Color: _____ Tag Number: _____

I hereby acknowledge that **Tuscan Villas Condominium Association, Inc.** and/or its agent, **INPUT SCREENING AGENT**, Inc. may verify the information supplied by the applicant in this application, may obtain credit reports and may investigate the applicant(s) credit and background; including, but not limited to information as to character, general reputation, personal characteristics, and mode of living as provided by the Fair Credit Reporting Act. This may include a verification of bank accounts, references, and employment. The applicant hereby authorizes and consents to **Tuscan Villas Condominium Association, Inc.** and/or its agent, **INPUT SCREENING AGENT**. to perform such verification and investigation.

Applicant Signature: _____

Co-Applicant Signature: _____

AUTHORIZATION TO THIRD PARTIES

I hereby authorize all persons, educational institutions, banks and other financial institutions, current and former employers, current and former landlords; credit reporting agencies, governmental agencies and other organizations, agencies and entities to provide **INPUT SCREENING AGENT** with any information which **INPUT SCREENING AGENT** may request.

Applicant Signature

Co-Applicant Signature

Printed Name

Printed Name

Social Security Number

Social Security Number

Date

Date

AUTHORIZATION AND ACKNOWLEDGMENT

In connection with my application for Occupancy to **Tuscan Villas Condominium Association, Inc.**, I hereby authorize **INPUT SCREENING AGENT** to perform an investigation of my credit worthiness, credit standing, character, general reputation, personal characteristics, mode of living and employment/work history, and to provide a report of the investigation to **Tuscan Villas Condominium Association, Inc.** I hereby release and discharge **INPUT SCREENING AGENT** and **Tuscan Villas Condominium Association Inc.** from any and all claims, damages, liabilities, costs and expenses arising from retrieving and reporting of such information.

I acknowledge receipt of "A Summary of Your Rights under the Fair Credit Reporting Act" provided to me in accordance with the provisions of the Fair Credit Reporting Act.

Applicant Signature

Co-Applicant Signature

Printed Name

Printed Name

Date

Date

Para informacion en español, visite www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identify theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

TUSCAN VILLAS CONDOMINIUM ASSOCIATION, INC.

RULES AND REGULATIONS

I, OR WE, HAVE READ, ACKNOWLEDGED AND UNDERSTAND THE RULES AND REGULATIONS OF THE TUSCAN VILLAS COMMUNITY ASSOCIATION, INC. AND I/WE AGREE TO ABIDE BY THE RULES AND REGULATIONS WITH THE UNDERSTANDING THAT IT IS FOR THE HEALTH, SAFETY AND WELFARE OF ALL RESIDENTS OF TUSCAN VILLAS COMMUNITY ASSOCIATION.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT THE RULES AND REGULATIONS EXTEND TO ALL MEMBERS OF MY/OUR FAMILY, GUESTS AND INVITEES, OF WHOM I/WE ACCEPT RESPONSIBILITY FOR,

APPLICANTS SIGNATURE

DATE

APPLICANTS SIGNATURE

DATE

TUSCAN VILLAS CONDOMINIUM ASSOCIATION, INC.

LEASE ADDENDUM

Tenant acknowledges that the Leased Premises at _____
FT. LAUDERDALE, FL 33309, constitutes a part of THE TUSCAN VILLAS CONDOMINIUM ASSOCIATION, INC. In relation to the Leased Premises and THE TUSCAN VILLAS CONDOMINIUM ASSOCIATION, INC., Tenant represents, warrants, covenants and agrees as follows: (a) Tenant has reviewed the Declarations of THE TUSCAN VILLAS CONDOMINIUM ASSOCIATION, INC. and all exhibits attached thereto of THE TUSCAN VILLAS CONDOMINIUM ASSOCIATION, INC. (collectively called "the Declaration"); (b) Tenant shall abide by all of the terms, covenants and conditions of the Declaration and all rules that may be promulgated from time to time by THE TUSCAN VILLAS CONDOMINIUM ASSOCIATION, INC.

Landlord hereby grants THE TUSCAN VILLAS CONDOMINIUM ASSOCIATION, INC., a lien upon Lease Payments from Tenant and Security Deposits due from Owner in the event that Landlord is delinquent in its payment of maintenance due to THE TUSCAN VILLAS CONDOMINIUM ASSOCIATION, INC. In the event of such a delinquency by Landlord, THE TUSCAN VILLAS CONDOMINIUM ASSOCIATION, INC. may, without notice to Landlord collect such payments as are due and payable by Tenant and apply the same to amounts due from Landlord. THE TUSCAN VILLAS CONDOMINIUM ASSOCIATION, INC. is under no obligation to collect such amounts and may elect to proceed against Landlord for the collection of past due maintenance rather than collecting the same from Tenant and may further collect amounts due from Tenant and simultaneously proceed against Landlord for any additional amounts owing thereon.

Tenant's Signature _____ Date _____

2nd Tenant's Signature _____ Date _____

Owner's Signature _____ Date _____

2nd Owner's Signature _____ Date _____

TUSCAN VILLAS CONDOMINIUM ASSOCIATION, INC.
Occupant Registration Form

Name	
Name	
Address	
City, State, Zip	
Phone Number(s)	
Work Phone	
Cell Numbers	
Email(s):	
Other Contacts	

***Please note applications require the prior approval of the Association
NO ONE can move in until screened by Board of Directors**

(List names of all persons residing in unit, including birthdates of minors (for use of recreational facilities).

<i>Names</i>	<i>Relationship to Owner/Tenant</i>	<i>Birthdates of Minor Children</i>

Please continue to other side and complete all the information

Vehicle information (Please provide information on all vehicles)

<i>Vehicle(Include Year)</i>	<i>Color</i>	<i>Model</i>	<i>State & Tag #</i>

Emergency Contact (Someone who does not live with you)

Name:			
Address:			
City, State, Zip			
Email Address:			
Phone:	Home:	Work:	Other:

Pet Registration - 1 dog or 1 cat allowed only. MUST BE 25 LBS OR LESS.

Breed/ Color:	
Adult weight:	

Please include a color picture of your pet for identification purposes.

I do not own a pet.

Signature: _____

Signature: _____

Please remember all dogs are to be walked on a leash at all times and all excrement must be picked up by the dog owner. All pets must be on a lease at all times while outside your unit and under control and care of by a responsible adult.

By my signature below, I verify I have read and understood the above and will abide by the Rules and Regulations of the Tuscan Condominium Association, Inc. in this regard.

I/We certify that I/we are the owner(s) of record for the above listed **Tuscan Villas Condominium Association, Inc** residence and the information given is true and correct.

Signature

Signature

Print Name

Print Name

Date

Date

**This form should be completed with Application Packet and submitted to:
Tuscan Villas Condo Association. Inc. c/o **INPUT SCREENING AGENT****