

RIVER GLEN CONDOMINIUM ASSOCIATION

C/O Advantage Property Management
1111 S.E. Federal Hwy., Suite 100
Stuart, FL 34994
(772) 334-8900 / (772) 288-0175 Fax
advantagepm@bellsouth.net

INSTRUCTIONS FOR LEASE APPLICATION

1. Fill out the Lease Application form in full.
2. A fully executed copy of the lease agreement must accompany the application.
3. The Notice of Intent to lease must be completed and returned by the current owner.
4. A lease ***is not*** effective nor may the unit be occupied by the respective lessee(s) without the prior written approval of the Board of Directors of the Association.
5. **The Association will obtain a credit bureau report, criminal history report, eviction search, past and present employment verification, residential history verification and check references for each person named on the lease as well as for each occupant age 18 or older.**
6. No subleasing or assignment of lease rights by the tenant is permitted. In no event shall occupancy of a leased Home (except for temporary occupancy by visiting guests) exceed two (2) persons per bedroom.
7. Owners are to ensure that their tenants are familiar with the governing documents and Rules & Regulations as they may be adopted from time to time.
8. Each owner shall be jointly and severally liable with the tenant to the Association for all costs incurred by the Association for the repair of any damage to Common Areas or to pay any claim for injury or damage to property caused by tenants.
9. A check or money order payable to River Glen Condominium Association, Inc. in the amount of \$ 25.00 for the application fee must accompany this application.
10. A check or money order payable to Advantage Property Management in the amount of \$50.00 for the processing fee must accompany this application.
11. A security deposit in the amount of \$_____ payable to River Glen Condominium Association, Inc. to protect against damages to the Common Areas or Association Property.
12. All information and materials requested herein must be completed, executed and submitted to the Association, at the address below. **AT LEAST THIRTY (30) DAYS** prior to the expected date of occupancy. **Incomplete applications will create an unnecessary delay in occupancy.**

Submit the entire package to:

Advantage Property Management
1111 S.E. Federal Hwy., Suite 100
Stuart, FL 34994

Should you have any questions, please contact Advantage Property Management at (772) 334-8900.

Thank you,

The Board of Directors
River Glen Condominium Association

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NOTICE OF INTENT TO LEASE UNIT

(This page is to be completed by the Owner)

I/WE DO HEREBY NOTIFY THE RIVER GLEN CONDOMINIUM ASSOCIATION OF THE INTENT TO LEASE THE UNIT AS FOLLOWS:

UNIT ADDRESS: _____

CURRENT OWNER: _____

PROSPECTIVE TENANT(S) NAMED ON THE LEASE AGREEMENT:

OTHER PERSONS WHO WILL OCCUPY THE UNIT:

NAME	AGE	RELATIONSHIP TO OWNER(S)
_____	_____	_____
_____	_____	_____
_____	_____	_____

LEASE START DATE: _____ **END DATE:** _____

ADDRESS TO MAIL ORIGINAL CERTIFICATE OF APPROVAL:

CURRENT OWNER'S SIGNATURE:

DATE _____
DATE _____

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APPLICANT'S INFORMATION

Name: Last _____ First _____ MI _____

Date of Birth: _____

Name: Last _____ First _____ MI _____

Date of Birth: _____

Others Occupying Unit _____ Relation _____ D.O.B. _____

_____ Relation _____ D.O.B. _____

_____ Relation _____ D.O.B. _____

of Pets _____ Type of Pets _____ Weights _____ / _____

River Glen Condominium allows up to two (2) cats, dogs or combination thereof, combined weight can't exceed 90lbs. Other domestic pets may be kept in reasonable numbers in accordance with local regulations.

Present Address: _____ Tel. # _____

City & State _____ Zip Code _____

Term of Occupancy _____

Reference for residing at the present address: _____

Address _____ Tel. # _____

Previous Address: _____ Tel. # _____

City & State _____ Zip Code _____

Term of Occupancy _____

Reference for residing at the present address: _____

Address _____ Tel. # _____

Automobile Make _____ Model _____ Year _____

License #: _____ State: _____

Automobile Make _____ Model _____ Year _____

License #: _____ State: _____

Tenant's vehicles must be parked in the garage or driveway of the home. Guest parking spaces are for guest parking only.

PERSONS TO NOTIFY IN CASE OF EMERGENCY

1. _____ Relation _____ Tel # _____

2. _____ Relation _____ Tel # _____

I represent that the information contained in this application is factual and true. I am aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection of this application. I consent to further inquiry concerning this application. I understand that all this information will be verified. If this information is incomplete the application will not be processed.

Applicant's Signature

Date

Applicant's Signature

Date

SCOTT • ROBERTS

AND ASSOCIATES, LLC

NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize RIVER GLEN CONDOMINIUM ASSOCIATION, INC. by and through its independent contractor, Scott Roberts and Associates, to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports for leasing or tenant ownership purposes with RIVER GLEN CONDOMINIUM ASSOCIATION, INC. I authorize RIVER GLEN CONDOMINIUM ASSOCIATION, INC. to share this consumer report with prospective landlords if necessary.

Said reports may include, but are not limited to, information as to my character, general reputation and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to RIVER GLEN CONDOMINIUM ASSOCIATION, INC. by and through Scott Roberts and Associates, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Scott Roberts and Associates at 2290 10 Ave. N, Suite 500, Lake Worth, FL 33461. www.scottrobertsassociates.com, (888)605-4265 (O) (888)605-4305 (F) if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Print Name: _____

Other Names Used (alias, maiden, nickname) _____

Current Address: _____

Street/P.O. Box City State Zip Code County Dates

Former Address: _____

Street/P.O. Box City State Zip Code County Dates

Former Address: _____

Street/P.O. Box City State Zip Code County Dates

Social Security Number: _____ **Daytime Telephone Number** _____

Driver's License#: _____ **State:** _____ **Date of Birth:** _____ **Gender:** _____

Have you ever been convicted of a crime? _____ **yes** or _____ **No (if yes please provide details)**

Details: _____

THIS FORM MUST BE COMPLETED FOR EACH PERSON LISTED ON THE LEASE AS WELL AS EACH OCCUPANT AGE 18 OR OLDER