BOUCHELLE ISLAND II CONDOMINIUM ASSOCIATION, INC.

Application for LEASING of Unit

NOTE: All lessees/renters/tenants are notified that units are subject to all provisions of the Condominium Documents that include restrictions on occupancy, pets, guests, common area facilities, etc. These restrictions are contained in Condominium Documents and are outlined in the Association Rules and Regulations. Lessee(s) and renter(s)/tenant(s) should direct questions and concerns to the unit owner or the Board of Directors prior to signing this agreement. Owners are responsible for the occupancy, use and behavior of lessees/renters/tenants and guests in accordance with Rules and Regulations.

To allow consideration by the Board of Directors for approval and occupancy, a complete application must be submitted containing the following:

- **Application for Leasing of Unit**
- **Legally binding lease agreement between the unit owner and lessee(s)**
- **Completed Tenant Application for Screening form for each occupant over 18 along with fees for screening of $40 per person, or $60 per couple with same last name.**
- **Application Fee of $100 per person over 18 or $100 per couple if same last name.**

***All Fees should be made payable to ACAMA and mailed or Delivered to 507 C Herbert Street, Port Orange, FL 32129**

To: Board of Directors, Bouchelle Island II Condominium Association, Inc.

The undersigned submits this application for the approval of the Board of Directors to rent unit # _____, located in Building #_____, Bouchelle Island II Condominium Association, Inc. and certifies that the following information is true and correct. Intentional misrepresentation shall be grounds for revocation of approval or denial of the application, or termination of the lease and eviction of the tenant. The Board of Directors reserves the right to interview prospective lessee(s), renter(s)/tenant(s) and require documentation in support of statements contained herein. Further, the Board of Directors reserves the right to require additional information from lessee(s), renter(s)/tenant(s) such as criminal history record check, and other such documentation deemed necessary to conduct the approval process.

I: **Unit #:** _____

Owner Name:_____

Anticipated Occupancy Date: _____ Term of Lease: _____

II: **Lessee(s), Renter(s)/Tenant(s) Information**: Please provide requested information below on each occupant. (No more than 2 persons per bedroom during the term of the lease)

1:_____ Phone:_____ Age:_____

2:_____ Phone:_____ Age:_____

3:_____ Phone:_____ Age:_____

4:_____ Phone:_____ Age:_____

Relationship of Lessee(s), Renter(s)/Tenant(s):_____

III: **Residence history of Lessee(s), Renter(s)/Tenant(s):**

Current permanent address:_____
Time at current address: From:_____ To:_____
Rent _____ Own _____
Current Landlord:_____ Phone #:_____

IF YOU RENT AT THE CURRENT ADDRESS AND HAVE BEEN AT THE ABOVE ADDRESS FOR LESS THAN FIVE YEARS, PROVIDE A SECOND LANDLORD CONTACT.

Landlord #2: _____ Phone #:_____
Dates of occupancy at this address: From _____ To _____

IV: **Employment & Credit History** for each lessee, renter/tenant: IF THE LESSEE(S), RENTER(S)/TENANT(S) HAS BEEN EMPLOYED FOR LESS THAN FIVE YEARS, PROVIDE ADDITIONAL EMPLOYER REFERENCES THAT COVERS A FIVE-YEAR PERIOD.

Lessee, Renter/Tenant # 1: _____
Name of Employer: _____
Address of Employer:_____
Contact Person:_____ Phone #: _____
Position:_____ Dates of Employment:_____

Lessee, Renter/Tenant # 2: _____
Name of Employer: _____
Address of Employer:_____
Contact Person:_____ Phone #: _____
Position:_____ Dates of Employment:_____

Lessee, Renter/Tenant # 3: _____
Name of Employer: _____
Address of Employer:_____
Contact Person:_____ Phone #: _____
Position:_____ Dates of Employment:_____

Lessee, Renter/Tenant # 4: _____
Name of Employer: _____
Address of Employer:_____
Contact Person:_____ Phone #: _____
Position:_____ Dates of Employment:_____

Have any of the Applicants declared bankruptcy in the past 7 years? Yes____ No____
Have any of the Applicants been evicted from a rental residence? Yes____ No____
Have any of the Applicants had two or more late payments in the past year? Yes____ No____
Have any of the Applicants ever refused to pay rent when due? Yes____ No____

V: **Non-related character references: (two references required)**

Name:_____ Phone#:_____
Address:_____

Name:_____ Phone#:_____
Address:_____

VI: **Pets: One pet of 19lbs or less is permitted. Must register pet with the CSA.**

VIII: **Vehicles:** There is no assigned parking for this Association. Please list vehicle info:

Make:_____ Model:_____ Year:_____ Color:_____
Tag Number:_____ State of Registration:_____
Registered Owner:_____ Insurance Company/Policy#:_____

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Tag Number:_____ State of Registration:_____
Registered Owner:_____ Insurance Company/Policy#:_____

VIIII: **EMERGENCY CONTACT:**

Name:_____
Address:_____
Phone #: _____

The undersigned agrees to provide any additional information required by the Board of Directors to approve this application. Further, the lessee(s), renter(s)/tenant(s) understands that the Association may investigate any information provided by the undersigned. In addition, the lessee(s), renter(s)/tenant(s) understands that a full disclosure of pertinent facts must be made to the Association. **The undersigned affirms receipt of copies of Rules and Regulations of Bouchelle Island II Condominium Association, Inc. from the owner and understands that these Rules and Regulations apply to all owners, lessees, renters/tenants, guests and pets.**

_____ _____
Printed Name of owner on agreement Signature of owner on agreement / Date

_____ _____
Printed Name of lessee on agreement Signature of lessee on agreement / Date

_____ _____
Printed Name of lessee on agreement Signature of lessee on agreement / Date

_____ _____
Printed Name of lessee on agreement Signature of lessee on agreement / Date

_____ _____
Printed Name of lessee on agreement Signature of lessee on agreement / Date

PLEASE MAIL, E-MAIL OR FAX TO:

ATLANTIC COMMUNITY ASSOCIATION MANAGEMENT & ACCOUNTING, INC.
507-C HERBERT STREET
PORT ORANGE, FL 32129
386/ 760-7365 office -- 386/ 756-3454 fax
atlanticcama@gmail.com
atlanticcommunitymanagement.com

DRAGNET
CREDIT AND TENANT SCREENING

PHONE: 386.676.7733 • FAX: 386.676.9522 • PO BOX 731207 • ORMOND BEACH, FL 32173 • INFO@DRAGNETCREDIT.COM • WWW. DRAGNETCREDIT.COM

TENANT APPLICATION FOR SCREENING

DATE: _____

FROM:_____ EMAIL/FAX_____

FEES - **SINGLE**: $_____ **MARRIED**: $_____
*DIFFERENT SUR-NAMES ARE CONSIDERED AS SEPARATE APPLICATIONS

NAME: _____ NAME: _____

DATE OF BIRTH: _____ DOB: _____

SOCIAL SECURITY #: _____ SOCIAL: _____

DRIVERS.LIC. #: _____ DRIVERS LIC. #:_____

PRESENT ADDRESS: _____ ADDRESS: _____

_____ _____

TOWN: _____ TOWN: _____

STATE _____ ZIP _____ STATE_____ZIP_____

HAVE YOU EVER BEEN ARRESTED? _____ HAVE YOU EVER BEEN ARRESTED? _____

COUNTY: _____ STATE _____ YEAR ____ COUNTY: _____STATE_____YEAR _____

HAVE YOU EVER BEEN EVICTED? _____ HAVE YOU EVER BEEN EVICTED? _____

COUNTY _____ STATE _____ YEAR? _____ COUNTY_____STATE_____YEAR? _____

_____ _____
(SIGNATURE) (SIGNATURE)

BY SIGNING THIS APPLICATION, I AUTHORIZE DRAGNET CREDIT AND TENANT SCEENING TO PROCESS A COMPLETE BACKGROUND CHECK INCLUDING CRIMINAL HISTORY, CREDIT RECORDS AND CIVIL RECORDS.

TITLE VIII OF THE CIVIL RIGHTS ACT OF 1996 MAKES DISCRIMINATION BASED ON RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN ILLEGAL IN CONNECTION WITH THE RENTAL OF MOST HOUSING. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW IS: DEPT OF HOUSING & DEV., OFFICES AT 1100 COMMERCE ST, DALLAS TX. 75202, &. 1371 PEACHTREE ST. N/E, ATLANTA GA.

Information Release Authorization

To Whom It May Concern:

The undersigned has applied to purchase/lease(rent) an apartment at the following location:

_____.

Please release all information requested pertaining to me as a purchaser/tenant to the following entity, "Atlantic Community Association Management and Accounting." It is my understanding that "Atlantic," is, hereby, authorized to release the information requested and subsequently provided to the Board of Directors of the above named property only.

Thank You.

Sincerely,

Signature: _____Printed Name: _____

Date: _____