

## **REQUIREMENTS & APPLICATION FOR RENTAL OF UNIT AT PARK PLAZA CONDOMINIUMS**

**ALL APPLICANTS and OWNERS must read and agree to the following conditions in order to be allowed to rent a Unit at Park Plaza Condominiums:**

**Applicant must read and agree to following items in order to rent a unit:**

- An Application Processing Fee of \$200 must be paid to Park Plaza Condominium Association upon submittal of the Application. Background checks must be done on all occupants.
- Full-year and seasonal tenants must submit a copy of the proposed Lease Agreement between the Owners and themselves along with this Application.
- Prospective tenants must provide proof of age of 55+ by submitting a copy of at least one tenant's driver's license.
- Tenants understand they must be interviewed prior to occupancy at Park Plaza.
- Tenants must register with Management to receive a Parking Permit before occupancy of the unit.
- Tenants understand only passenger autos, wagons, vans, SUVs may be parked in the lot, and that neither they nor their guests may leave vehicles in parking lot when not occupying a unit.
- Tenants understand that they must read and adhere to the Rules & Regulations of Park Plaza during their lease of the unit.
- Tenants understand that Park Plaza is a 55+ community operating under the rules of the Fair Housing Act.
- Tenants understand they may have guests visit only if tenant is in residence and for no longer than 30 days.
- Tenants understand that if they return to rent the same unit the following year, the \$200 Application fee will be waived if they notify the Management of their intention to do so before their current stay ends; however, if renting a different unit the next year, a new Application and \$200 fee is required. They also must register with Management each year before occupancy.

**Owners must read and agree to following items in order to rent their unit:**

- Owner will provide a full copy of the Rules & Regulations to the proposed Tenant or give them access to it in the unit.
- Upon approval of the Application and signing of the Lease, Owner will provide a key to the unit and keys to other Park Plaza facilities to the Tenants.
- Owner will transfer his/her rights to use Park Plaza facilities during the lease period.

**APPLICATION FOR RENTAL OF UNIT # \_\_\_\_\_**

**From \_\_\_\_\_ To \_\_\_\_\_**

**Please Print**

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Driver's Licence #: \_\_\_\_\_

Own: \_\_\_\_ Rent: \_\_\_\_ No. of years in residence: \_\_\_\_\_

**EMPLOYMENT**

Employer: \_\_\_\_\_ Name of Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Time employed: \_\_\_\_

**CO-APPLICANT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ E-mail \_\_\_\_\_

**OTHER(S) WHO WILL RESIDE IN UNIT**

(MUST BE OVER 18 YEARS OF AGE)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**EMERGENCY CONTACT**

Name (not residing with you): \_\_\_\_\_

Address \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**VEHICLE(S)**

Make \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Lic. Plate: \_\_\_\_\_ State: \_\_\_\_\_

Make \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Lic. Plate: \_\_\_\_\_ State: \_\_\_\_\_





**DISCLOSURE REGARDING**  
**BACKGROUND INVESTIGATION ON YOU**

**Harbor Management of the South Florida, Inc.** (“the Company”) may obtain a “consumer report” about you from a consumer reporting agency for tenant purposes. A “consumer” report is a background screening report that may contain information regarding your criminal history, sex offender registry status, credit history, employment history, education history, driving history, professional licenses, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

The consumer reporting agency that may prepare an “consumer report” on you for the Company is Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Suite 500, Lake Worth, Florida 33461, (888) 605-4265, [www.scottrobertsassociates.com](http://www.scottrobertsassociates.com), [info@scottrobertsassociates.com](mailto:info@scottrobertsassociates.com).

**ADDITIONAL NOTICE REGARDING**  
**INVESTIGATIVE CONSUMER REPORTS ON YOU**

**Harbor Management of the South Florida, Inc.** (“the Company”) may also request an “investigative consumer report” on you from a consumer reporting agency.

An “investigative consumer report” is a background screening report generated through personal interviews with sources such as your neighbors, friends or associates.

The consumer reporting agency that may prepare an “investigative consumer report” on you for the Company is Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Suite 500, Lake Worth, Florida 33461, (888) 605-4265, [www.scottrobertsassociates.com](http://www.scottrobertsassociates.com), [info@scottrobertsassociates.com](mailto:info@scottrobertsassociates.com). The information contained in an “investigative consumer report” may bear upon your character, general reputation, personal characteristics, and/or mode of living.

Please be advised that the nature and scope of the most common form of “investigative consumer report” that may be ordered by the Company is an investigation into your employment history. During such an investigation, Scott-Roberts and Associates may ask questions about your employment history to certain knowledgeable individuals and provide response information to the Company.

**Note: You have the right to request disclosure of the exact nature and scope of any “investigative consumer report” ordered by the Company on you. You may do so by contacting the Company.**

**AUTHORIZATION REGARDING BACKGROUND INVESTIGATION**

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;
- ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU;
- ADDITIONAL STATE LAW NOTICES.

By signing below, I also authorize **Harbor Management of the South Florida, Inc.** to obtain “consumer reports” and “investigative consumer reports,” about me for tenant purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name (First, Middle, Last Name)

**PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK**

**Please supply the following information to facilitate a background check on you.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver License No.: \_\_\_\_\_ State Issued: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/P.O. Box      City      State      Zip Code      County      Dates

Former Address: \_\_\_\_\_  
Street/P.O. Box      City      State      Zip Code      Country      Dates

\_\_\_\_\_  
Current Employer      Address      City/State      Start Date      Salary

\_\_\_\_\_  
Supervisors name      Employer Telephone Number

\_\_\_\_\_