

COMMUNITY NAME: _____

ADDRESS: _____

APPLICATION FOR OCCUPANCY

All prospective buyers/tenants must complete the Association's application and must submit the following documents:

Association Application

Copy of valid identification card and/or driver's license for ALL residents over 18.

Copy of Fully Executed Lease or Sales Contract

Your application will be returned as incomplete if any of the above is missing.

**BE ADVISED A CRIMINAL BACKGROUND CHECK WILL BE CARRIED OUT
ON ALL PURCHASE AND LEASE APPLICANTS
A FREE AND CLEAR CRIMINAL BACKGROUND CHECK WILL BE REQUIRED
IN ORDER TO BE APPROVED.**

There is a **\$150.00** non refundable application fee per adult (18 years or older) as either a cashier's check or a money order payable to Soleil Property Management, Inc. There is a **\$50.00** non-refundable background screening fee per adult (18 years or older) as either a cashier's check or a money order payable to Soleil Property Management, Inc.

WARNING: We are not authorized to change an owner's name in our system until we have received a Warranty Deed or a copy of change from the Palm Beach Property Appraiser's website. If you do not provide this proof of change of ownership your bills will go to the previous owner and you may incur late fees, interest, and attorney fees. **You** are responsible for providing the Association with the warranty deed.

Please mail the original to:

**Soleil Property Management
P.O. Box 212964
Royal Palm Beach, FL 33421**

COVER SHEET FOR PURCHASE / RENTAL

APPLICATION

Address: _____

Move in Date: _____

CONTACT NUMBERS:

Owner's Name: _____

Phone: _____

Realtor's Name: _____

Phone: _____

Realtor Email: _____

Buyer/Tenant's Name: _____

Phone: _____

Buyer/Tenant's Name: _____

Phone: _____

Email Address: _____

_____ Completed Application

_____ Background Check Authorization

_____ Copy of Lease-Fully Executed or Sales Contract

_____ Application fee of \$150.00 (money order or cashiers check) per person for anyone 18 yrs of age or older. Payable to Soleil Property Management.

_____ Background screening fee of \$50.00 (money order or cashiers check) per person for anyone 18 yrs of age or older. Payable to Soleil Property Management.

Application for Occupancy

Please complete all questions and fill in all blanks. If application is incomplete, this may result in your application not being processed and/or not approved. If the question does not apply, answer N/A. Print legibly or type all information.

Address of Property: _____

Owner's Name: _____ Contact Phone# _____

Date of Lease: _____ Date of Occupancy: _____

1. Name: _____ Date of Birth: _____ Social Security # _____

Spouse: _____ Date of Birth: _____ Social Security # _____

2. Please list place(s) of residence for the last two years. If additional space is needed, please attach:

A. Present Address: _____ Phone: _____
Residency Dates: From _____ to _____ Cell: _____
Name of Landlord: _____ Rent Amt: _____

B. Present Address: _____ Phone: _____
Residency Dates: From _____ to _____ Cell: _____
Name of Landlord: _____ Rent Amt: _____

3. Please list full names, Social Security number and date of birth of **all** persons that will reside at this residence:

FULL NAME:	Social Security number:	Date of Birth
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If additional space is needed, please attach

5. Please list the make, model and tag numbers of all automobiles that will be parked at your residence

Year _____	Make _____	Model _____	Color _____	Tag No. _____
Year _____	Make _____	Model _____	Color _____	Tag No. _____
Year _____	Make _____	Model _____	Color _____	Tag No. _____
Year _____	Make _____	Model _____	Color _____	Tag No. _____

6. Drivers License number/Identification card number for ALL residence in the household. (please attach copy of license or id card)

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____

7. Has anyone in your household ever been convicted of a felony in the past 5 years?
If yes, please explain.

8. Please list employment history for the last two years. If additional space is needed, please attach.

A. Current Employer _____ Phone: _____
Address: _____
How Long: _____ Position: _____ Annual Income: _____

B. Previous Employer: _____ Phone: _____
Address: _____
How Long: _____ Position: _____ Annual Income: _____

9. Spouse's Employer: _____ Phone: _____
Address: _____
How Long: _____ Positions: _____ Annual Income: _____

10. In case of an Emergency, list contact person:

Name: _____ relationship: _____
Address: _____ Phone# _____

11. Do you receive any housing assistance? _____ If yes, Please explain: _____

Character Reference (NO Family Members)

1. Name: _____ Home Phone: _____ Work Pn: _____
Address: _____ Occupation: _____

2. Name: _____ Home Phone: _____ Work Pn: _____
Address: _____ Occupation: _____

3. Name: _____ Home Phone: _____ Work Pn: _____
Address: _____ Occupation: _____

If this application is NOT legible or is not completely and accurately filled out the Association will not be liable or responsible for any inaccurate information in the investigation and related report (should there be one) caused by such omission or illegibility.

By signing the applicant recognizes that the Association or their agent may investigate the information applied by the applicant, and a full disclosure or pertinent facts may be made to the Association. The Association may also require a credit report through a credit reporting agency.

Applicants Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

RELEASE OF INFORMATION & AUTHORIZATION

DATE: _____

TO: SOLEIL PROPERTY MANAGEMENT, INC.
PO BOX 212964
ROYAL PALM BEACH, FL 33421

I GIVE MY AUTHORIZATION FOR THE ABOVE TO VERIFY INFORMATION, OBTAIN A CREDIT REPORT, CRIMINAL HISTORY REPORT, EMPLOYMENT INFORMATION ON MYSELF AND AGREE SCREENING MAY RESULT IN MY APPLICATION BEING APPROVED OR DISAPPROVED. THIS AUTHORIZATION IS GOOD FOR THIRTY (30) DAYS FROM THE DATE ABOVE.

SIGNATURE: _____

PRINT NAME: _____

DATE OF BIRTH: _____

DRIVERS LICENSE #: _____ State: _____

ADDRESS: _____

Please provide an email and or a physical address where this information can be
emailed to you: _____

RELEASE OF INFORMATION & AUTHORIZATION

DATE: _____

TO: SOLEIL PROPERTY MANAGEMENT, INC.
PO BOX 212964
ROYAL PALM BEACH, FL 33421

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