

THOROUGHbred LAKES HOMEOWNERS ASSOCIATION, INC.
C/O SOLEIL PROPERTY MANAGEMENT PO BOX 212964
ROYAL PALM BEACH, FL 33421
OFFICE: (561) 225-1524

APPLICATION FOR LEASE OR SALE

- APPLICATION FEE OF \$200.00 FOR ALL INDIVIDUAL APPLICANTS OVER 18.
- APPLICATION FEES MUST BE PAYABLE TO SOLEIL PROPERTY MANAGEMENT. CHECKS OR MONEY ORDERS ARE ACCEPTED. NO CASH.
- COPY OF DRIVERS LICENSE/OR GOVERNMENT ISSUED PHOTO I.D. REQUIRED
- COPY OF SIGNED LEASE OR SALES CONTRACT REQUIRED
- PLEASE MAIL YOUR CHECKS, COPY OF PHOTO I.D., APPLICATION AND SIGNED CONTRACT TO OUR PO BOX LISTED ABOVE. PARTIAL/INCOMPLETE APPLICATIONS NOT ACCEPTED.
- CHECKS MUST BE TURNED IN WITH APPLICATION AND NOT SENT SEPARATELY.

ATTENTION ALL UNIT OWNERS, PROSPECTIVE BUYERS, AND PROSPECTIVE TENANTS

If you plan to lease or sell your unit, you should notify Soleil Property Management of your proposed transaction at least thirty (30) days before the planned date of occupancy.

Applications should be submitted to Soleil Property Management by mail. ***Faxed or emailed applications will not be accepted. Incomplete applications will not be accepted or processed.***

Please read the cover sheet for complete instructions. The following items must be included with your completed application form:

1. Application fee of \$200.00 per applicant 18 years and older. Checks must be payable to ***Soleil Property Management. No application will be accepted without the fees. CHECK OR MONEY ORDER ONLY. NO CASH.***
2. Signed copy of the sales or lease contract.
3. Photo I.D. (MUST BE LEGIBLE)

**THOROUGHbred LAKES HOA
APPLICATION FOR LEASE OR SALE**

***Note: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
PLEASE FILL IN ALL AREAS!***

This application is for a **Lease** _____ or **Sale** _____ for property located at:

Date: _____ If sale, date of closing: _____

Lease dates – From: _____ To: _____

Realtor's Name _____ **Phone:** _____

Applicant's Name(s) _____

Phone (Home) _____ (Cell) _____

Email _____

Date of Birth _____ **SSN #** _____

Driver's License # _____ **State** _____

MARITAL STATUS: Married () Separated () Divorced () Single ()

Spouses Name _____

Phone (cell or other) _____

Email _____

Date of Birth _____ **SSN #** _____

Driver's License # _____ **State** _____

No. of people who will occupy unit _____

LIST ALL OCCUPANTS:

Name: _____	Age _____
Name: _____	Age _____
Name: _____	Age _____
Name: _____	Age _____

IF OCCUPANTS ARE OVER 18, MUST INCLUDE COPY OF DRIVER'S LICENSE.

VEHICLES

Make: _____ Model: _____

Tag # _____ State: _____

Make: _____ Model: _____

Tag # _____ State: _____

RESIDENCE HISTORY

Present address: _____

Own () or Rent () Years: _____

Name of Landlord _____ Phone: _____

Previous address (if less than 5 years at present address) _____

Own () or Rent () Years: _____

Name of Landlord _____ Phone: _____

Previous address _____

Own () or Rent () Years: _____

Name of Landlord _____ Phone: _____

EMPLOYMENT HISTORY

ARE YOU SELF EMPLOYED? Yes () No () **RETIRED?** Yes () No ()

MILITARY HISTORY: BRANCH: _____ **DATES:** _____

EMPLOYER: _____

Address: _____

Phone # _____ Employment Dates _____

Dept. or Position _____

Supervisor: _____ Monthly income: _____

PREVIOUS EMPLOYER: _____

Address: _____

Phone # _____ Employment Dates _____

Supervisor: _____ Monthly income: _____

SPOUSE:ARE YOU SELF EMPLOYED? Yes () No () **RETIRED?** Yes () No ()

MILITARY HISTORY: BRANCH: _____ **DATES:** _____

SPOUSE'S EMPLOYER: _____

Address: _____

Phone # _____ Employment Dates _____

Dept. or Position _____

Supervisor: _____ Monthly income: _____

SPOUSE'S PREVIOUS EMPLOYER: _____

Address: _____

Phone # _____ Employment Dates _____

Supervisor: _____ Monthly income: _____

PERSONAL REFERENCES (NO RELATIVES)

1. Name: _____ Years known: _____

Address: _____ Years known: _____

2. Name: _____ Years known: _____

Address: _____ Years known: _____

PETS

Yes () How many ? _____ No pets () _____

Type _____ Weight _____

THOROUGHbred LAKES HOA

RESIDENT CONTACT SHEET

NAME: _____

PROPERTY ADDRESS: _____

IF LEASING, LEASE DATES: _____

FOR SALES, CLOSING DATE: _____

HOME PHONE: _____ **CELL** _____ **WORK** _____

EMAIL ADDRESS: _____

**FOR BUYERS, MAILING ADDRESS WHERE ALL CORRESPONDENCE
SHOULD BE MAILED AFTER CLOSING:**

**PLEASE BE SURE TO NOTIFY SOLEIL PROPERTY MANAGEMENT OF
ANY CHANGE IN MAILING ADDRESS. ALL ADDRESS CHANGES MUST BE
PROVIDED IN WRITING VIA EMAIL.**

IN CASE OF EMERGENCY

Contact name: _____ **Phone #** _____