

Request for Approval to Purchase

- Completed Application (one form for each person).
- Completed background check forms (U.S. or International) for each applicant.
- \$100 fee for background check for each married couple and or adult occupant payable to: CAPE HAZE RESORT (A, B, or C depending on association)
- Copy of current driver's license or passport for each applicant and adult occupant.
- All the above must be received by the Property Manager 15 days before closing.
- Mail to: Cape Haze Resort, 8401 Placida Rd, Cape Haze, FL 33946

Full Name _____

Unit _____

List all physical addresses for the last five years:

(1) From _____ to _____ Current _____

(street) _____

(city, state, zip) _____

(2) From _____ to _____

(street) _____

(city, state, zip) _____

(3) From _____ to _____

(street) _____

(city, state, zip) _____

Yes No

- | | | | |
|---|--------------------------|--------------------------|--|
| I am currently charged with a crime | <input type="checkbox"/> | <input type="checkbox"/> | |
| I have been convicted of a crime in the last five years | <input type="checkbox"/> | <input type="checkbox"/> | |
| I am on a sex offender/predator registry | <input type="checkbox"/> | <input type="checkbox"/> | |
| I have declared bankruptcy in the last five years | <input type="checkbox"/> | <input type="checkbox"/> | |
| I am in default on a mortgage | <input type="checkbox"/> | <input type="checkbox"/> | |
| I have had a mortgage foreclosed in the last five years | <input type="checkbox"/> | <input type="checkbox"/> | |
| I am in arrears on rent and/or association assessments | <input type="checkbox"/> | <input type="checkbox"/> | |

I give my permission for the association to make background and credit checks.

signature

date

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

CAPE HAZE RESORT may request one or more consumer reports or investigative consumer reports about you for **residential** purposes. These reports may include information on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which may be used as a factor in making a **residential**-related decision about you. Such information may include credit reports, criminal history, civil records, etc. or personal interviews with your current or prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information.

AUTHORIZATION

By signing below, I agree that I have read and understand the foregoing Disclosure and hereby authorize AmeriCheckUSA to obtain consumer reports or investigative consumer reports about me for **residential** purposes. I further authorize CAPE HAZE RESORT and AmeriCheckUSA to share the information with any person involved in the **residential** decision about me. This Authorization is no longer valid after 90 days of date signed, and you also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name (One Person Per Form)

Signature (One Person Per Form)

Date

- For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.

Grande - Cape Haze Resort / Ref# _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cel#: _____

Are you Buying or Renting? _____

Employer: _____ N/A _____ Tel#: _____ N/A _____

Supervisor: _____ N/A _____ Salary: _____ N/A _____

Employed From: _____ N/A _____ To: _____ N/A _____ Title: _____ N/A _____

Landlord: _____ N/A _____ Tel#: _____ N/A _____

Property Name: _____ N/A _____ Rent: _____ N/A _____

Rented From: _____ N/A _____ To: _____ N/A _____

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ **DATE:** _____