

****NEW RENTER****
EDGEWATER CONDOMINIUMS **APPLICATION FOR APPROVAL**

A SEPARATE APPLICATION (AND FEE) IS REQUIRED FOR EACH PERSON THAT WILL BE LIVING IN THE PROPERTY

Date: _____ Unit Address: _____
Desired date of occupancy: _____ Proposed term of tenancy: _____
Name: _____ Date of Birth: _____
SSN: _____ Phone: _____ Alternative Phone: _____
E-Mail Address _____
Number of people who will occupy unit: _____

Names of Occupants	Relationship	Age

Have you ever been evicted? If yes, please explain: _____

Have you ever been arrested? If yes, please explain: _____

IN CASE OF EMERGENCY: _____ PHONE # : _____

RESIDENCE HISTORY

1) Current Address _____
Zip Code: _____ County: _____ Landlord: _____
Dates of residency: From: _____ To: _____

2) Previous Address (if less than one year at current) _____
Zip Code: _____ County: _____ Landlord: _____
Dates of residency: From: _____ To: _____

DETAILS OF EMPLOYMENT

Employment: _____ Phone #: _____
Position: _____ Salary: _____ Dates Employed: _____

Employment: _____ Phone #: _____
Position: _____ Salary: _____ Dates Employed: _____

AUTO INFO

Driver's license No. _____ State: _____ Tag #: _____
Make: _____ Model: _____ Year: _____ Color: _____ State: _____

APPLICANT/EDGEWATER AGREEMENT:

- In making the foregoing application, I represent to the Board of Directors that the purpose for the application at EDGEWATER CONDOMINIUM APARTMENTS OF DELTONA, FLORIDA, INC. is as follows:
Full-time Residency _____ (Greater than 6 months)
- I hereby agree to the following for myself and on behalf of all persons who may use the unit:
I will abide by all the restrictions contained in the By-Laws, Rules and Regulations, which are or may in the future be imposed by the EDGEWATER CONDOMINIUM APARTMENTS OF DELTONA, FLORIDA, INC.
- I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. Occupancy prior to Board approval is prohibited.
- I understand that the acceptance by EDGEWATER CONDOMINIUM APARTMENTS OF DELTONA, FLORIDA, INC. is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation, falsification, or omission of information on these forms will result in the automatic disqualification of this application.
- I understand that the Board of Directors of EDGEWATER CONDOMINIUM APARTMENTS OF DELTONA, FLORIDA, INC. may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and UNITED SCREENING SERVICES CORP. to make such investigation and agree that the information contained in this application may be used in such investigation, and that the Board of Directors, Officers and Management of EDGEWATER CONDOMINIUM APARTMENTS OF DELTONA, FLORIDA, INC. itself shall be held harmless from any action or claim by me in connection with use of the information contained herein or any investigation conducted by the Board of Directors.
- In making the foregoing application, I am aware that the decision of the EDGEWATER CONDOMINIUM APARTMENTS OF DELTONA, FLORIDA, INC. will be final, and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

SIGNATURE: _____

DATE: _____

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize, Edgewater Condominium Apartments of Deltona, Florida, Inc. (herein referred to as **Association**) and/or its' assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the **Association** to contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the **Association** to furnish the above-mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the **Association** at any time during my occupancy with the **Association**.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you within 5 days of the upon written request to the personnel department of the **Association**.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the **Association** based on information contained in the report.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

Signature: _____

Date: _____

I authorize this background check to be reviewed by the owner and/or property manager of unit to be occupied. Sign _____ Date _____