



# The Crossings of Boynton Beach

c/o JMA Community Management 1375  
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Boynton Beach FL 33426  
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## Application Check List

☐ Purchase      ☐ Lease      ☐ Occupant

**All items must be submitted; incomplete applications will be delayed.  
Unmarried and co-applicants required a separate application.**

**Applicant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Property Owner Name(s)** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

### **General submission requirements**

\_\_\_\_ Fully executed application

\_\_\_\_ Fully executed agreement

\_\_\_\_ Copy of driver's license

\_\_\_\_ **\$150.00 Application Fee and Processing Fee** non-refundable - *(Please make check payable to JMA Community Management)*

### **REALTOR INFORMATION**

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please Note:** Board approval is required before occupancy. Essentially, every effort will be made to expedite your application; however, processing and approval may take up to 30 days.

Once the applicant completes the application, a CERTIFICATE OF APPROVAL will be provided.

Today's Date: \_\_\_\_\_ Date of anticipated move in: \_\_\_\_\_  
Property address: \_\_\_\_\_

### **APPLICANT**

Full name of applicant: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Telephone number: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ social security #: \_\_\_\_\_ Driver's license: \_\_\_\_\_

### **APPLICANT'S EMPLOYMENT**

Name of present employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Date started: \_\_\_\_\_ Monthly income: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ phone: \_\_\_\_\_  
Name of previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Date started: \_\_\_\_\_ Monthly income: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ phone: \_\_\_\_\_  
Other sources of income: \_\_\_\_\_

### **SPOUSE**

Full name of spouse: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Telephone number: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ social security #: \_\_\_\_\_ Driver's license: \_\_\_\_\_

### **SPOUSE'S EMPLOYMENT**

Name of present employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Date started: \_\_\_\_\_ Monthly income: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ phone: \_\_\_\_\_  
Name of previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Date started: \_\_\_\_\_ Monthly income: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ phone: \_\_\_\_\_  
Other sources of income: \_\_\_\_\_

### **PRESENT LANDLORD /MORTGAGE COMPANY**

Present Landlord or mortgage company: \_\_\_\_\_  
Telephone number: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Monthly rent or mortgage payment: \_\_\_\_\_ Date of move-in: \_\_\_\_\_ Date of move-out: \_\_\_\_\_

### **PREVIOUS LANDLORD / MORTGAGE COMPANY**

Previous Landlord or mortgage company: \_\_\_\_\_  
Telephone number: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Monthly rent or mortgage payment: \_\_\_\_\_ Date of move-in: \_\_\_\_\_ Date of move-out: \_\_\_\_\_

**EMERGENCY**

In case of emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ phone: \_\_\_\_\_

**OCCUPANTS**

List all occupants.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

**PETS**

List all pets: type: \_\_\_\_\_ breed: \_\_\_\_\_ weight: \_\_\_\_\_ age: \_\_\_\_\_

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**VEHICLES**

List vehicles to be parked on the premises.

Make: \_\_\_\_\_ Model / Year \_\_\_\_\_ Tag / State \_\_\_\_\_

Make: \_\_\_\_\_ Model / Year \_\_\_\_\_ Tag / State \_\_\_\_\_

The above-listed applicant declares that all statements in this application are accurate and complete. Applicant hereby authorizes the National Association of Independent Landlords to verify all the information in this application and obtain credit reports on the above-listed applicants and/or applicants.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVE

OR

DENY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_