



Alberta Beale, Inc
 c/o JMA Community Management
 1375 Gateway Blvd
 Boynton Beach FL 33426
 Office: 561-440-7854 * info@JMAmanagement.net

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 lease 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: _____

List all pets: type: _____ breed: _____ weight: _____ age: _____

VEHICLES

List vehicles to be parked on the premises.

Make: _____ model: _____ year: _____

Make: _____ model: _____ year: _____

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: _____