



OSPREY OAKS HOME II ASSOCIATION 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.

Applicant: _____ Phone: _____

Email: _____

Co-Applicant: _____ Phone: _____

Email: _____

Property Owner Name(s) _____

Property Address: _____

General submission requirements

The complete application package included the following items. Initial each section upon completion.

- _____ Copy of the signed sales contract or lease agreement
- _____ Copy of each applicant's driver's license
- _____ Vehicle registration documents
- _____ Pet registration application, including a colored photo, current veterinary reports, and vaccination records
- _____ Initial copy of the Rules and Regulations (please retain a copy for your records)
- _____ **\$300.00 Application and Processing Fee per applicant (for married couples, a total of \$300.00)**
non-refundable - (Please make the 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 of all occupants.

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

PETS

List all pet's type: _____ breed: _____ weight: _____ age: _____

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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 other applicants.

Signature of applicant: _____ Date: _____

Signature of Spouse: _____ Date: _____