**Lakeside Property Management**

**NEW RENTAL APPLICATION**:

This application is subject to approval. Please complete and submit with all required documentation to:

Lakeside Property Management 1210 South Federal Highway Boynton Beach FL, 33435

**Please note:** Applications must be turned in complete. All must check / initial next to each item below to ensure you are submitting all required documentation prior to mailing or dropping

off.  **Please note:** if purchasing under a business entity the application must be filled out with said person as signer for such business entity. Proof of authorized signer required such as a print-out from Sunbiz.org.

* Application fee of $200 is required at this time (good for 2 INDV), additional $50.00 per applicant over 18 yrs. of age, i.e. son or daughter…etc.

No

* + **Please note:** Make Checks payable to: LAKESIDE PROPERTY MANAGEMENT (an additional $50.00 is required per applicant if of Foreign nationality and holds no U.S. Social Security Number).
* Legible copy of each applicant’s valid DL or government issued picture ID.
* Legible copies of all vehicle registrations that will be parked in the community.
* Signed APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION form.
* Executed copy of the Purchase Agreement or Signed Lease Agreement.

**\*PLEASE do not schedule closing or occupy until you have been approved by the board and issued a certificate.**

\*Applicant(s) will be contacted once the board has made a decision. If you have not heard anything after 14 days, you may follow up via email to: [info@lakesidepmgt.com](mailto:info@lakesidepmgt.com) Please include the following subject line (Miami Lakes/ Applicants Last Name – Property address) in your email(s).

Applicant(s) Email: Email:

Agent(s) Email: Email:

**Lakeside Property Management 1210 South Federal Highway ste 102 Boynton Beach, FL 33435**

**Tel: 561-600-0394** [**Email:info@lakesidepmgt.com**](mailto:info@lakesidepmgt.com)

APPLICATION FOR HOUSE RENTAL: Initial screening fee of **$200.00** (good for 2 INDIV) plus $50. per additional applicant over 18 yrs. of age payable to Lakeside Property Management. Fee must be received with this application. An additional hundred $50.00 is required per applicant if of foreign nationality and holds no U.S. Social Security Number.)

Rental lease may not be less than three (3) months or more that two (2) years. Copy of the lease must also be attached to this application.



Cars may be parked only in the driveway or in the garage. No parking on the grass or the street.

Your Name: Phone: Owner’s Name: Address of house to be rented: Length of Lease: Date you expect to occupy the house: Have you previously leased in this community? When?

Number of People who will occupy and relationship:

Name: Name: Child(ren): Pets (breed):

Number of cars:

Make: Type: Yr: \_ Lic. Plate No.: Make: Type: Yr: \_ Lic. Plate No.: Make: Type: Yr: \_ Lic. Plate No.:

If Leasing:

Owner’s Name: Phone: Owner’s Address:

If approved, I agree to acquaint myself with and abide by the rules and regulation

Signature(s) Co: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For additional information, please contact Lakeside Property Management at 561-600-0394

Office Use Only: DATE OF APPROVAL: PROPERTY#: DATE OF INTERVIEW:

SIGNATURE OF PERSON(S) GRANTING APPROVAL

Residential Screening Request

First: Middle Last:

Address:

City: ST: Zip:

SSN: DOB(MM/DD/YYYY):

Tel #: Cell #:

**Current Employer**

Company: Tel # :

Supervisor: Salary :

Employed From: To:Tel #: Title :

**Current Landlord**

Company: Tel # :

Landlord: Rent :

Rented From: To:

I give my full authorization to obtain my Credit Report, Criminal History Record and Eviction Record and to verify the above information.

**SIGNATURE**: **DATE**:

Residential Screening Request

First: Middle Last:

Address:

City: ST: Zip:

SSN: DOB(MM/DD/YYYY):

Tel #: Cell #:

**Current Employer**

Company: Tel # :

Supervisor: Salary :

Employed From: To:Tel #: Title :

**Current Landlord**

Company: Tel # :

Landlord: Rent :

Rented From: To:

I give my full authorization to obtain my Credit Report, Criminal History Record and Eviction Record and to verify the above information.

**SIGNATURE CO**: **DATE**:

* Make additional copies for applicants over 18 yrs of age

DISCLOSURE AND AUTHORIZATION AGREEMENT REGARDING CONSUMER REPORTS

# DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. **A consumer report and/or investigative consumer report may be obtained at any time during the application process or during your residence.** Upon timely written request of the management, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

# AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish Background Info USA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. 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**

**Signature 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.**

*A close up of a logo

Description automatically generated*

1210 South Federal Highway Boynton Beach Florida, 33435

**SLM**

**APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

This release and authorization acknowledges that **Lakeside Property Management LLC**, may now,

or any time while I am renting, conduct a verification of my current and previous tenant history, current

and previous employment, credit history, contact personal references, and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the Tenant requirements. The results of this verification process will be used to determine tenant eligibility under **Lakeside Property Management LLC**, tenant policies.

I authorize **Background Info USA** and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative **Lakeside Property Management LLC.**

**I have read and understand this release and consent, and I authorize the background verification.** I authorize persons, schools, current and former employers, current and former landlords and other organizations and Agencies to provide **Background Info USA** with all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

Co-

Applicant Signature

Printed Name

Co-Applicant Signature Printed Name

Co-Applicant Signature Printed Name

Date: / / MM DD YYYY