

Laurel Cove Homeowners' Association, Inc.

% Brock Property Management, Inc., 7401 Wiles Road, Coral Springs, FL 33067
P: 954-753-2675 F: 954-340-8541 E: brock@brockpm.com W: www.brockpm.com

Application Checklist

Please take some time to read the following pages and make sure the following documents are returned, fully completed. We cannot begin to process your application until all documents listed below are received:

- ☐ **Payment**
\$300.00 per applicant aged 18 years or older
*Payments are accepted via cashier's check or money order.
**All application fees are non-refundable.
- ☐ **Application Form**
- ☐ **Residential Screening Request Form**
(must be completed separately by any proposed resident 18 years or older)
- ☐ **Disclosure Authorization Form**
(must be completed separately by any proposed resident 18 years or older)
- ☐ **Color Copy of State Issued Photo ID** (for each applicant)
- ☐ **Color Copy of Social Security Card** (for each applicant)
- ☐ **Copy of Last Two Paystubs** (for each applicant)
- ☐ **Pet Registration Form**
(if you do not own a pet there is a section of the form to complete)
- ☐ **Copy of Vehicle Registration for Every Vehicle**
- ☐ **Acknowledgment of Rules & Regulations Form**
- ☐ **Fully Executed Purchase Contract / Signed Lease Agreement**

Please note the following:

- **All prospective residents must meet with the Board of Directors to review and understand the Rules & Regulations of the Association prior to receiving a certificate of approval**

Please keep in mind this process may take up to thirty (30) days unless you paid the fee (\$50 per applicant) to expedite your application once all required documents are received. Should you have any questions, feel free to contact our office via email at brock@brockpm.com.

Laurel Cove Homeowners' Association, Inc.

% Brock Property Management, Inc., 7401 Wiles Road, Coral Springs, FL 33067
P: 954-753-2675 F: 954-340-8541 E: brock@brockpm.com W: www.brockpm.com

Cover Page

Property Address: _____

Desired Occupancy/Closing Date: _____

Seller(s)/Landlord(s): _____

Phone: _____

Email: _____

Real Estate Agent: _____

Agent's Phone: _____

Agent's Email: _____

Buyers(s)/Tenant(s): _____

Phone: _____

Email: _____

Real Estate Agent: _____

Agent's Phone: _____

Agent's Email: _____

Laurel Cove Homeowners' Association, Inc.

% Brock Property Management, Inc., 7401 Wiles Road, Coral Springs, FL 33067
P: 954-753-2675 F: 954-340-8541 E: brock@brockpm.com W: www.brockpm.com

Information Sheet

Please note that one form must be completed for each applicant.
Please make copies for all applicants as needed.

Personal Information

Address Where Applying: _____

Applicant Name: _____

Phone #: _____

E-mail Address: _____

Current Address: _____

Employment

Current Employer: _____

Dates of Employment: _____

Criminal History

Have you ever been arrested? _____

How many times? _____

Reason(s) for arrest(s)? _____

Have you ever been convicted of a crime? _____

How many times? _____

Details of charges: _____

Are you a registered sex offender? _____

Provide details: _____

I hereby affirm that this information is true and correct.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Laurel Cove Homeowners' Association, Inc.

% Brock Property Management, Inc., 7401 Wiles Road, Coral Springs, FL 33067
P: 954-753-2675 F: 954-340-8541 E: brock@brockpm.com W: www.brockpm.com

Residential Screening Authorization

Full Name: _____

Current Address: _____

City, State, and Zip: _____

SSN: _____

Date of Birth (MM/DD/YYYY): _____

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

Print Name: _____

Signature: _____

Date: _____

Laurel Cove Homeowners' Association, Inc.

% Brock Property Management, Inc., 7401 Wiles Road, Coral Springs, FL 33067
P: 954-753-2675 F: 954-340-8541 E: brock@brockpm.com W: www.brockpm.com

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 an 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 AmeriCheckUSA 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, & Authorized by:

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.

Laurel Cove Homeowners' Association, Inc.

% Brock Property Management, Inc., 7401 Wiles Road, Coral Springs, FL 33067
P: 954-753-2675 F: 954-340-8541 E: brock@brockpm.com W: www.brockpm.com

Pet Registration Form

☐ I own a pet/pets

☐ I have included a color photo of my pet(s) for identification purposes

☐ I do not own a pet/pets

Pet Owner Name: _____

Address: _____

Street

City

State

Zip

Phone Number: _____

Email Address: _____

Phone Number: _____

Name(s) of Pet(s): _____

Type(s) of Pet(s): _____

Breed(s) Of Pet(s): _____

Approximate Full-Grown Weight of Pet(s): _____

Age(s) of Pet(s): _____

By my signature below, I verify I have read and understood the above and will abide by all Rules and Regulations set forth in this regard.

Pet Owner Printed Name

Pet Owner Signature

Date

Laurel Cove Homeowners' Association, Inc.

% Brock Property Management, Inc., 7401 Wiles Road, Coral Springs, FL 33067
P: 954-753-2675 F: 954-340-8541 E: brock@brockpm.com W: www.brockpm.com

Acknowledgement of Rules & Regulations & Receipt of Association Documents

I certify that I have received and will read a copy of the documents from the owner/seller/landlord for Laurel Cove Homeowners' Association, Inc. I agree that I will fully abide by these Rules and Regulations.

Property Address

Print Name

Signature

Date