

OCCUPANCY APPLICATION

APPLICATION RECEIVED ON:

____/____/____

DESIRED MOVE IN DATE:

____/____/____

- Incomplete applications will **not** be accepted
- Occupancy prior to board approval is strictly **prohibited**
- The association has **30 days** to complete the application process
- An application must be completed by **EACH** resident over the age of 18.
- The application fee is **\$150.00** (non-refundable) per resident over the age of 18.
- Husband and wife should complete one application and pay **one application fee**
- Acceptance of the application for processing does not guarantee approval.

PROPERTY YOU ARE APPLYING TO:

Association Name			
Property Address			
Present Owner		Owner Phone Number	

NECESSARY DOCUMENTS:

Please Initial:	
	Complete Occupancy Application
	Authorization Letter from Homeowner
	\$150 Application Fee per occupant (Cashier's Check or Money Order ONLY) It must be payable to <i>Shaker Village Condominium</i>
	Copy of Driver's License or Government Issued ID for all adult occupants
	Birth certificates of ALL children
	Marriage License (<i>married couple applying</i>)
	Copies of Registration and Insurance of all Vehicles

HOW TO SUBMIT YOUR APPLICATION:

- OPTION 1: Email all documents to applications@rmgsouthflorida.com and mail the application fees.
- OPTION 2: Drop it off at **1773 N State Road 7 - suite 200, Lauderhill, FL 33313**

PROPERTY MANAGEMENT COMPANY:

Renaissance Management Group, Inc.
954-693-9989
info@rmgsouthflorida.com

Move In Date	
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LIST OF ALL PERSONS WHO WILL LIVE IN THE UNIT:

Full Name	Date of Birth	Social Security #	Relationship

Total Number of Adults who will occupy the home (18 or older): _____

Total Number of Children who will occupy the home (under 18): _____

APPLICANT(S) INFORMATION

	Applicant 1	Applicant 2
Name		
Phone Number		
Email		
Date of Birth		
Social Security #		
Driver License #		

EMPLOYMENT DETAILS

	Applicant 1	Applicant 2
Employer Name		
Employer Phone		
Supervisor Name		
Annual Salary		
Position Held		
Hire Date		
Other Income		

CHARACTER REFERENCES (No Family Members)

	Applicant 1	Applicant 2
Reference 1 Name		
Phone Number		
Address		
Relationship		
Known How Long		

Reference 2 Name		
Phone Number		
Address		
Relationship		
Known How Long		

RESIDENTIAL HISTORY

Current Address		
Moving Out Reason		
Date of Residency	From	To
Landlord Name		
Landlord Phone		
Rent Amount	\$	

Previous Address		
Moving Out Reason		
Date of Residency	From	To
Landlord Name		
Landlord Phone		
Rent Amount	\$	

VEHICLE INFORMATION

Make & Model:	Year:	License Plate:	Color:

EMERGENCY CONTACT

Name	
Phone Number	
Relationship	
Address	

BANK REFERENCES

Bank Name	
Address	
Phone Number	
Account Type	

PETS that will occupy the Leased Home

Name	Type/Breed	Color	Wight (lb)	Age

PET REGISTRATION FORM & RULES ACKNOWLEDGEMENT

(This form must be signed by a veterinarian- WEIGHT LIMIT 35lb)

I DO NOT HAVE A PET: _____
SIGNATURE

NECESSARY DOCUMENTS:

Please Initial:	
	Complete Pet Form for EACH pet
	Recent photo of the pet
	Proof of Vaccination
	Emotional Support or Service Animal Card and Letter (if applicable)

Pet Owner's Name	
Pet Owner's Phone	
Unit Address	
Association Name	

Pet's Name		Type/Breed	
Gender		Color	
Weight		Age	
Neutered/Spayed?			
Broward County License			

Veterinarian's Name	
Veterinarian's Phone	
Veterinarian's Email	
Signature:	

I/We hereby certify that the above information is true and correct. I/We understand that I/we am/are fully responsible for the actions of my/our pet(s) and I/We agree to abide by the Pet Rules as it relates to control of the pet(s) so as not to cause a nuisance, to have it on a leash while outside, and I/we agree to clean-up after the pet(s). By signing below, I/we acknowledge that I/we have read and understand the pet rules and regulations. I/We understand that violations of the Rules and Regulations and Governing Documents regarding pets can lead to fines and restriction of my/our rights to have a pet and the expulsion of my/our pet from the Association property.

Pet Owner Signature: _____

Date: _____

RESIDENTIAL SCREENING AUTHORIZATION FORM

(Please Print) Name: _____ Sex: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: _____

I give my authorization to the Accudata Holdings, LLC client below, Accudata Holdings, LLC or any party or agency contacted by the aforementioned to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's Signature: _____ Date: _____

RESIDENTIAL SCREENING AUTHORIZATION FORM

(Please Print) Name: _____ Sex: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: _____

I give my authorization to this landlord, AccuData Inc, or any party or agency contacted by this landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's Signature: _____ Date: _____

APPLICANT AUTHORIZATION

(We) fully authorize investigation of all answers and references given;

(We) acknowledge we cannot occupy the premises without proper authorization from the association;

(We) agree that false or incomplete applications will be rejected;

(We) acknowledge the processing of this application may take 4 weeks;

(We) agree that no transient occupancy is allowed and a copy of each lease and renewal lease agreements must be provided to the association prior to initiation of renewal;

(We) hereby issue authority and permission, while holding harmless the credit bureau and Renaissance Management Group, Inc., releasing them and their agents, employees and members from any losses, expenses or damages sustained directly or indirectly by me or others, from information disclosed in their investigative report whether made orally or in writing.

(WE) CERTIFY THE FOREGOING TO BE TRUE AND CORRECT:

The Association and its Agent, in the event of consent to a Sale, hereby authorizes Renaissance Management Group to act as our agent with full power and authority to take such action as may be required, if necessary, to compel compliance by our Lessee(s) and/or their guests, with provisions of the Declaration of the Association. Its supportive exhibits, rules and regulations of the Associations, or in the instance of any violation of any of the above by the Lessee(s) and/or their guests, under appropriate circumstances, to terminate the Leasehold. The Lessor agrees to reimburse the Association for any attorney fees and costs incurred as Lessor's agent in such enforcement of Lease termination.

Applicant 1 Signature: _____ **Date:** _____

Print Name: _____

Applicant 2 Signature: _____ **Date:** _____

Print Name: _____

RULES AND REGULATIONS ACKOWLEGEMENT

I have read and understand the Rules and Regulations and Architecture Guidelines of *Shaker Village Condominium Association, Inc.* Additionally, at no future date will any resident, guest or invitee of my unit indicate that they did not adhere to said Rules and Regulations of the Shaker Village Condominium Association, Inc., Inc. due to non-awareness of same. I am financially responsible for any cost/damage caused by myself, my guests, and invitees to Shaker Village Condominium Association, Inc. property.

GUEST PARKING PASS POLICY:

Any non-Shaker Village resident “visiting” a unit owner for more than two (2) days in any given two-week period must have a guest pass.

HOW TO GET A GUEST PARKING PASS:

- Bring the current registration (original or copy) of the guest vehicle to the office.
- The vehicle registration must show proof of residency outside of Shaker Village.
- No guest parking pass will be issued to anyone listed on Shaker Village deed or census.
- The original guest parking pass is valid for 30 days.

HOW TO PROOF RESIDENCY:

- The only acceptable proof of non-residency is a current utility bill (water or electric) or phone bill in the name of the person who is listed on the vehicle registration or his/her spouse with proof of marriage showing a Non-Shaker Village address.
- Guest parking passes may be renewed every month as long as current non residency proof is presented at such renewal.

WHERE TO DISPLAY THE PASS:

- Guest parking passes must be displayed inside the vehicle at the front in such a manner that the security guard can see it while patrolling the street in the security vehicle.

There will be no exceptions to the above rules and regulations. Vehicles without either a “resident” decal or “guest” parking pass will have the tag number recorded. A “Warning Notice” will be placed under the windshield wiper on the 4th day that said vehicle is found parked on Shaker Village property. It will be tagged on the 5th day. It will be towed on the 6th day and every day thereafter until either a “decal” or “guest” pass is issued and displayed in the appropriate location.

I have read it in full and thoroughly understand its intent.

I furthermore agree to abide by these “Rules and Regulations”.

Applicant 1 Signature: _____ **Date:** _____

Print Name: _____

Applicant 2 Signature: _____ **Date:** _____

Print Name: _____