

RealManage, LLC on behalf of

Tavares Ridge Condominium Association Inc.

AUTHORIZATION TO RELEASE INFORMATION (Every Person Over 18 Must Fill Out This Form)

Last Name	First Name	Middle Name
Current Address		Dates Lived Here
Addresses for the Past Seven Years: (include street city, state, Zip code)		Dates of Residence:
_____		_____
_____		_____
_____		_____
Date of Birth		other Names Used (including maiden name)
_____		Years Used
Social Security #		DL#/State _____

I do hereby authorize verification of all information in my lease application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of First Advantage to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by First Advantage for identification purposes and for the release information which will be considered in determining any suitability for lease. I certify that I have made true, correct, and complete answers and statements on my lease application. I agree to provide additional information that may be requested to process my lease application. I authorize without reservation, any party or agency contacted by First Advantage to furnish the above-mentioned information. This authorization is valid during the course of my lease to the extent permitted by law.

** I hereby do _____ ; do not _____ . authorize you to contact *my current employer* for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to First Advantage, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which First Advantage has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of leasing and my denial of the lease application.

Printed Name _____ Applicant Signature _____ Date _____

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.

TAVARES RIDGE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.
NEW OWNER APPLICATION

I/We, _____, current owner of Unit _____ hereby request approval from the Board of Directors of the Tavares Ridge Condominium Association for the sale of the unit to the applicant below. Unit address: _____ Sale Price: \$ _____

Applicant Full Name: _____ DOB: _____ SSN: _____

E-Mail Address: _____ Phone: _____

Co-Applicant Full Name: _____ DOB: _____ SSN: _____

Relationship of Applicant & Co-Applicant _____

Children: No _____ Yes _____ Boy(s) _____ Age(s) _____ Girl(s) _____ Age(s) _____

Animals: Yes _____ No _____ *Note: Limit of 2 dogs, each per unit*

Current Address: _____ How Long: _____

If Renting, Landlord name and phone: _____

If at current address less than 1 year, previous landlord name & phone:

Applicant occupation: _____ Employer Phone: _____

Employer name/address: _____

Co-Applicant occupation: _____ Employer Phone: _____

Employer name/address: _____

ALL APPLICANTS ARE REQUIRED TO PAY A \$25.00 NON-REFUNDABLE APPLICATION FEE

This application is subject to approval of the Association. A background check is also required and there is an additional fee. Once the background check has cleared, a meeting will be scheduled with the Board of Directors and you will be able to schedule a closing on the unit after approval. We will schedule a meeting in 15 days after your background check. *I attest that the above statements are true and correct. I hereby agree to abide by all documents of the Association including but not limited to: The Declaration of Condominium, By-Laws, Rules and Regulations and/or any revisions thereof if this application is approved.*

Signatures

Applicant: _____ Co-Applicant: _____

TAVARES RIDGE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.
NEW OWNER APPLICATION

Approved: Not Approved
by the TRCHA Board of Directors _____ Date: _____

Registration of Dogs:

Name: _____

Color: _____

Breed: _____

Weight: _____

Name: _____

Color: _____

Breed: _____

Weight: _____

All pets, and service animals, must have current vaccinations and required licenses. Dogs must stay on a leash when outside and cannot be tethered. Dog waste must be picked up immediately and disposed of properly. All Rules & Regulations must be followed and nuisance barking will not be allowed.

TAVARES RIDGE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.
CO-OCCUPANT APPLICATION

I/We, hereby request approval from the Board of Directors of the Tavares Ridge Condominium Association for a co-occupant (or co-owner) to move into my unit at _____.
Unit # _____ Effective date of move in: _____.

Owner/Resident Full Name: _____

Resident E-Mail Address: _____

Phone: _____

Co-Occupant Full Name: _____

DOB: _____

SSN: _____

Co-Occupant Email: _____

Phone # _____

Relationship of Owner & Occupant: _____

Children: No _____ Yes _____ Boy(s) _____ Age(s) _____ Girl(s) _____ Age(s) _____

Animals: Yes _____ No _____ *Note: Limit of 2 dogs per unit allowed.*

Current Address: _____

Phone: _____

If Renting, Landlord name and phone: _____

If at current address less than 1 year, previous landlord name & phone: _____

Co-Occupant occupation: _____

How long? _____

Phone: _____

Employer name/address: _____

ALL APPLICANTS ARE REQUIRED TO PAY A \$25.00 (per Adult) NON-REFUNDABLE APPLICATION FEE FOR BACKGROUND CHECK

This application is subject to approval of the Association. I attest that the above statements are true and correct. I hereby agree to abide by all documents of the Association including but not limited to: The Declaration of Condominium, By-Laws, Rules and Regulations and/or any revisions thereof if this application is approved.

Signatures

Owner/Resident: _____ Co-Occupant: _____

Approved: Not Approved

by the TRCHA Board of Directors: _____ Date: _____