



Application for Approval of Occupancy

This application is an application for approval of occupancy. All enclosed pages must be completed in detail by each proposed adult occupant.

1. Each page included in this application packet must be completed and photocopies of a valid (unexpired) driver's license or valid passport for each applicant must be provided. All applicants must provide a photocopy of the signed purchase contract or signed a lease agreement. Our office will charge a copy fee of \$1.00 in exact cash per page for any and all photocopies made in our office and/or pages sent to ING Management Group and printed from ING Management Group emails. Our office charges \$1.00 per page for copies requested to be mailed, photocopied or scanned and emailed to any outside or third party other than ING Management staff. Copy fee must be paid in exact cash.
2. **Non-refundable** - application fee of **\$175.00 for each adult**, administrative fee and background that must be paid in the form of a money order or a cashier check and made payable to **ING Management Group, Inc.** All requested documents, plus application packet and application fee may be sent together to Mediterrania Townhomes Homeowners Association, Inc. c/o ING Management Group, Inc. 1245 South Powerline Road, #287, Pompano Beach, FL 33069. The applicant(s) cannot have any prior evictions nor any felony convictions, nor participate in Section Eight (8) (public housing assistance).
3. All applicants must obtain the Certificate of Approval by the association. **Occupancy prior to Board approval is prohibited!**
4. **No Commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, etc.** are permitted to park on the premises overnight. All vehicles with expired tags or found in disrepair are subject to being towed away at the owners' expense with little or no notice. Parking is in assigned spaces only.
5. **Pet owner** – is required to provide a color photograph of the pet(s) be attached to complete the pet registration. **Pit bulls are prohibited.** Our office will charge a copy fee of \$1.00 in exact cash per page for any photographs printed in our office and or pages sent to and printed from ING Management email account(s). Copy fee must be paid in exact cash.
6. **It is the responsibility of the unit owner to turn over ALL keys, to the Buyer/Lessee at the time of commencement and inform Buyer/Lessee of swimming pool and mailbox locations, if applicable. The unit owner must also provide the Buyer/Lessee with the appropriate rules & regulations of the association. In accordance with the Associations Governing Documents and Florida Statutes, once a lease has begun, the unit owner forfeits all rights of common area use and amenities.** No lease terms shall be for less than 2 months and Units cannot be leased more than 2 times per the calendar year. Use of this unit is for single-family residence only.
7. If the application is for purchase of the unit, ING Management Group, Inc. must receive a copy of the closing statement and copy of the Warranty deed within five (5) business days of closing in order to transfer the unit to the new name and avoid late maintenance fees.

- For official use only -

- | | |
|--|--|
| <input type="checkbox"/> PHOTO ID(s) | <input type="checkbox"/> MONEY ORDER OR CERTIFIED CHECK (with application) |
| <input type="checkbox"/> CONTRACT (Sales or Lease) | <input type="checkbox"/> SIGNATURES (application and contract) |
| <input type="checkbox"/> PET DOCS & PHOTO | <input type="checkbox"/> VEHICLE REGISTRATION(S) |



APPLICATION FOR (circle one): PURCHASE -OR- LEASE

Address: _____

Purchased /Rented from: _____

People to be in home _____ List Below (Max of 2 per bedroom) **For 18+ years old

NAME	SSN** (SIN if Canadian)	DATE OF BIRTH	PHONE NUMBER**

Each applicant 18 or older must complete and submit a copy of Page 3
 (the "Authorization Form")

Email(s): _____

If renting: Landlord Phone # _____ Landlord Email: _____

If buying: Will this be a seasonal home? (Circle one) YES / NO

Do you have pets? (Circle one) YES / NO If yes, how many? _____

The number of cars _____ NOTE: A copy of each vehicle's registration is required to receive parking passes.
 CAUTION: Park **all** vehicles in assigned spaces, **all** the time. Violators towed at owner's expense.

By signing below, I acknowledge that, to the best of my ability, the enclosed information is true. I have received, read, and accept the terms of the following documents pertaining to **Mediterrania Townhomes Homeowners Association, Inc.**:

Declaration of Covenants (including Amendments) INITIAL _____ Rules and Regulations INITIAL _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that **Mediterrania Townhomes Homeowners Association, Inc.** and Associated Credit will investigate the information supplied by the applicant, and full disclosure of pertinent facts will be made to **Mediterrania Townhomes Homeowners Association, Inc.** The investigation may be made of the applicant's character, general reputation, personal characteristics, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc. and **Mediterrania Townhomes Homeowners Association, Inc.**

Signature: _____ Co-Applicant: _____

Co-Applicant: _____ Date: _____

Associated Credit Reporting, Inc.

4690 NW 103rd Avenue, Sunrise, Florida 33351

www.associatedcreditreporting.com

Established 1985

Phone: 754-216-0025

Toll Free: 800-676-7640

Fax: 954-635-2157

Toll Free Fax: 800-235-7185

Unit# _____

AUTHORIZATION FORM

I hereby authorize Associated Credit Reporting, Inc. to obtain data to verify any and all information they request with regards to my Application for Occupancy, specifically your criminal record history, and/or any and all public record information.

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I acknowledge our rights as stated in the Fair Credit Report Act that I am entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I further understand that this is a non-refundable process.

By signing below, I further state the Application for Occupancy and Authorization Form were signed by me and was not originated with fraudulent intent by me or any other person and that the signature below are my own proper legal signature. I certify (or declare) under penalty of perjury that I agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

Signature: _____ Date: _____

Print Name (First, Middle, Last Name) _____

PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

Last Name: _____ First Name: _____ Middle: _____

Circle One: Single - Married - Separated - Divorced - How Long? Other Legal or Maiden Name: _____

Social Security Number: _____ Date of Birth: _____

Driver License No.: _____ State Issued: _____

Phone Number: _____ Email: _____

Current Address: _____

Street/P.O. Box City State Zip Code County Dates

Former Address: _____

Street/P.O. Box City State Zip Code County Dates

Have you ever been convicted or plead to a crime? (Circle one) YES / NO

If yes, please provide a complete list of charges, date/city/state of offence and current disposition; then submit with this completed application



Unit# _____

ALL APPLICANTS MUST READ, INITIAL AND SIGN BELOW

1. I hereby agree for myself and on behalf of all persons who may use the unit, that I will abide by all of the restrictions contained in the Bylaws, Rules, and Regulations, Association Documents and restrictions, which are or may in the future be imposed by the Mediterrania Townhomes Homeowners Association, Inc. INITIAL _____
2. I have received a copy of the Rules & Regulations: YES _____ -OR- NO _____
3. I understand that any violation of the terms, provisions, conditions, and covenants of Mediterrania Townhomes Homeowners Association, Inc. documents provides cause for immediate action as therein provided under appropriate circumstances. INITIAL _____
4. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. **Occupancy prior to Board approval is prohibited!** INITIAL _____
5. I understand that sub-leasing or occupancy of this unit in my absence is strictly prohibited. INITIAL _____
6. No propane and/or charcoal BBQ grills should be stored or used within ten (10) feet of the buildings. Per Association Insurance, this is a mandatory requirement. INITIAL _____
7. No satellite dish is to be affixed to Association building. INITIAL _____
8. Pets, domestic only, cat or dog, up to two (2) aggregate weights, not more than forty (40) lbs. **Pit Bulls are not permitted.** INITIAL _____
9. Parking: No commercial vehicles, no blocking sidewalks, no parking on street, no parking on grass, no vehicle repairs permitted, except for a flat tire. I understand that if I violate any of these items, my vehicle may be towed without notice and at owners' expense. INITIAL _____
10. I understand that the acceptance for this application for a unit at MEDITERANIA TOWNHOMES HOMEOWNERS ASSOCIATION, INC. is the condition in part upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of my application. **Occupancy prior to Board approval is prohibited!** INITIAL _____
11. I understand that the Board of Directors of MEDITERANIA TOWNHOMES HOMEOWNERS ASSOCIATION, INC. will conduct a background investigation to verify this application. Accordingly, I specifically authorize the Board of Directors and Management to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and the Board of Directors, Officers, and Management of MEDITERANIA TOWNHOMES HOMEOWNERS ASSOCIATION, INC. itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors. INITIAL _____

In making the foregoing application, I am aware that the decision of Mediterrania Townhomes Homeowners Association, Inc. will be final and no reason will be given for any action by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

Signed by: _____

Date: _____

Signed by: _____

Date: _____



Unit# _____

CAR REGISTRATION FORM

Note: A copy of each vehicle(s) registration should be enclosed with this application.

Vehicles must be parked in assigned space(s) only. All unauthorized vehicles are subject to towing at the owner's expense.

VEHICLE #1

Registered Owner's Name: _____

Driver License#: _____

Make: _____ Model: _____ Year: _____

Color: _____ Tag# _____ State: _____

Space Assignment: _____

VEHICLE #2

Registered Owner's Name: _____

Driver License#: _____

Make: _____ Model: _____ Year: _____

Color: _____ Tag# _____ State: _____

Space Assignment: _____

VEHICLE #3

Registered Owner's Name: _____

Driver License#: _____

Make: _____ Model: _____ Year: _____

Color: _____ Tag# _____ State: _____

Space Assignment: _____



Unit# _____

PET REGISTRATION FORM
ALL APPLICANTS MUST READ & SIGN BELOW

N/A: This unit will NOT have pets, and the Association will be adequately informed should a pet be added later.

- OR -

PET #1

Name: _____ Breed: _____ Age: _____

Weight: _____ lbs. Sex: M / F Color/Coat: _____

Veterinarian Name: _____ Phone #: _____

Broward County Registration #: _____ Vaccination Date: _____
(ATTACH A COPY OF RABIES VACCINATION, COUNTY REGISTRATION, AND A PHOTOGRAPH.)

PET #2

Name: _____ Breed: _____ Age: _____

Weight: _____ lbs. Sex: M / F Color/Coat: _____

Veterinarian Name: _____ Phone #: _____

Broward County Registration #: _____ Vaccination Date: _____
(ATTACH A COPY OF RABIES VACCINATION, COUNTY REGISTRATION, AND A PHOTOGRAPH.)

The undersigned hereby attests to the information provided on this form and agrees to abide by the pet policies of the Association. The undersigned gives Mediterrania Townhomes Homeowners Association, Inc. irrevocable permission of access to veterinarian records for the animal(s) above as long as the undersigned resides in this community.

Name: _____ Address: _____
Signature: _____ Phone #: _____

Please do not write below this line, for official use only.

Manager Notes:

Signature: _____

Name: _____

Date: _____