

WATER GLADES

RENTAL APPLICATION

(APPLICATION FEE, SECURITY DEPOSIT AND LEASE MUST ACCOMPANY THIS APPLICATION AT TIME OF SUBMISSION WHICH MAY TAKE UP TO 30 DAYS FOR APPROVAL)

Tower	r#:	Unit #: _		Space #:
Date:			Owner:	
Prospe	ctive Tenant Name(s):			
Prospe	ctive Tenant Phone:			
Prospe	ctive Tenant Email:			
Agent's	s Name:		Phone Numb	per:
Lease D	Dates: From:		To:	
	Documents	Required:		Date Received:
1.	Completed Rental Ap	pplication		
2.	· · ·	<mark>0.00 per person or marr</mark> der <u>only</u> Made out to	<mark>ied couple)</mark> Water Glades Tower	
3.	Security Deposit from Made out to Water Glade		eck or money order <u>only</u>	
4.	•	ch must include that the Tower Rules and Regula	e tenant agrees to sign ar tions	
5.	assigned parking spa	itted per unit ce (unless that unit spec tenant parking allowed		
6.	Authorization for Bac	ckground/Credit Screenii	ng	
7.	Copy of Valid I.D., i.e	. Driver's License, Passpo	ort	
8.	No Pets Are Allowed	for Any Rental in Any Bu	uilding	
9.	Tower 300 requires a	a pre-move in orientation	n meeting	
10.	Must notify office at	least 48 hours prior to a	ny move or major delive	γ
	Approved By (Board	d of Directors)	 Date	



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Tower:	Unit No:
Submission Date:	Lease Start Date: / /
Name:	Date of Birth:
[] Single [] Married Social Security No	0:
Is applicant(s) a United States service member?	Yes No
Name:	Date of Birth:
[] Single [] Married Social Security No	0:
Number of people who will occupy: Adults/Childr	ren (over 18) Children (under 18)
Number & ages of children who will occupy:	
No Pets Are Allowed for Any Rental in A	Any Building
In case of emergency notify:Name	Address Telephone
RESIDENCE HISTORY	
Present Address:	Phone: ()
Length of Residence:	
Name of Landlord or Mortgage Co	Phone: ()
(Complete PRIOR ADDRESS inform	ation below if at present address for less than 7 years ONLY)
2. Prior Address:	Phone: ()
Length of Residence:	
Name of Landlord or Mortgage Co.	Phone: ()



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EMPLOYMENT & REFERENCES

1.				Ph	one: ()	
	(or retired from) Position:		Dates o	f Employment:		Mo. Incom	e:
	Address:						
		Street		City		State	Zip
2.				Pł	one: ()	
	(or retired from)	!	Datas	f Financia, income		Ma Incom	
	Position:		Dates o	f Employment:		IVIO. INCOM	e:
	Address:						
		Street		City		State	Zip
			CHARAC	TER REFERENC	ES		
1.	Name:			Phon	e: ()		
	Address:					_Years Known:	
		Street	City	State	Zip		
2.	Name:			Phon	e: ()		
	Address:					Years Known:	·
		Street	City	State	Zip		
3.	Name:			Phon	e: ()		
	Address:					Years Known:	
		Street	City	State	Zip		
			VEI	HICLE(S)			
Duti :	alianas N.						
Driver	s License No: _		State	Driver's License N	o:		State
Make:		Model:	Year:	Color:	Plate I	No:	State:
Make:		Model:	Year:	Color:	Plate I	No:	State:



WATER GLADES RENTAL APPLICATION

An incomplete application will not be accepted.

If this application is NOT legible or is not completely and accurately filled out, Water Glades will not be liable or responsible for any inaccurate information in the investigation and related report to the Association.

Misrepresentation of any supplied information will constitute grounds for denial of this application.

including the Declaration of Co I (We) agree to be fully bound	venants, Conditions, and by the provisions of said	eceipt of the Association's Governing E d Restrictions (CC&Rs), Bylaws, and Rul Governing Documents including all dis ne Governing Documents may result in	les & Regulation sciplinary power
		ree not to have guests stay in the unit nulative total of thirty (30) days during	
year.	are anowed for a carr	idiative total of thirty (50) days daring	the calchad
		hat any unit which is rented for a perio pment Tax to Palm Beach County as pe	
2) Must evacuate bu3) Must notify office4) No pets are allow5) Only one car is pe	uilding if hurricane warning e 48 hours in advance for a ed for any rental in any bu ermitted per unit and you r	eased and occupied by one family only for g g is in effect and evacuation is ordered by G ny large deliveries or moving in or out. hilding. may park ONLY in the unit's assigned parki s no owner or tenant parking allowed in ar	County or State
Tenant Signature		Tenant Signature	
Date	<u> </u>	Date	<u> </u>

BACKGROUND CHECK APPLICATION IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

A SEPARATE FORM MUST BE COMPLETED FOR EACH INDIVIDUAL NAMED ON THE LEASE AS WELL AS A COPY OF THEIR DRIVERS LICENSE OR PASSPORT.

FIDELITY DATA SERVICE TENANT AUTHORIZATION OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize Fidelity Data Service to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of my tenancy. These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Fidelity Data Service by and through its' independent contractor, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Fidelity Data Service, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq. and Cal. Civ. Code § 1786.

PLEASE PRINT OR TYPE

WE NIEED ONE FOR EACH ARMIT ARRIVEANT

WE NEED ON	NE FOR LACITADOLT AFFLICANT
Signature:	
Print Name:	
Date:	
Phone:	

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Signature:	 	
Print Name:	 	
Date:		
Phone:		