

NASSAU BAY II CONDOMINIUM ASSOCIATION, INC.

21 S. E. 5th Street, Suite 200

Boca Raton, FL 33432

561-997-6453

561-750-3775 - fax

Application for new owners & renters

1. This application for occupancy must be completed in detail by the proposed Purchaser(s) or renter(s). If any question is not answered or left blank, this application may be returned nor processed and not approved. **It can take up to (21) business days to process an application. Occupancy prior to approval is prohibited.**
2. Please scan complete application, including copies of all required checks to donna@mahoganyservices.com for processing. Original checks can be mailed or dropped off at the Mahogany Services office.
3. Please attach a copy of the Purchase/Rental Contract to this application.
4. Non-refundable \$100.00 Application Fee made payable to Nassau Bay II Condominium Association, Inc. must be included with the Application.
5. Non-refundable \$100.00 Application Fee made payable to Mahogany Services, Inc. must be included with the Application.
6. Copy of Driver's License & Copy of Social Security Card (EACH APPLICANT)
7. Signed Background/Credit Authorization Form.

Complete the attached application, do not leave any spaces blank. Please make sure our office has an email address where you can be reached.

Rev. 2.8.2024

APPLICATION FOR LEASE OR PURCHASE

APPLICATION MUST BE FILLED OUT COMPLETELY IN ORDER TO PROCESS

DATE: _____

PLEASE CHECK ONE: LEASE _____ PURCHASE _____
LENGTH OF LEASE: FROM _____ TO _____

NAME OF ASSOCIATION: _____

PRESENT OWNERS: _____

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

PROSPECTIVE RESIDENT INFORMATION

NAME: _____ SPOUSE: _____

SOCIAL SECURITY NO: _____ SPOUSE S.S. NO: _____

DATE OF BIRTH: _____ SPOUSE D.O.B.: _____

DRIVERS LIC. NO: _____ SPOUSE D.L.: _____

PRESENT ADDRESS: _____

TELEPHONE NUMBER: _____

OWNED: _____ RENTED: _____ HOW LONG: _____

MORTGAGEE/LANDLORD: _____

ADDRESS/PHONE NO: _____

EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

POSITION HELD: _____ ANNUAL INCOME: _____

BANK: _____ ADDRESS: _____

CHECKING ACCOUNT NO: _____

SAVINGS ACCOUNT NO: _____

APPLICATION FOR LEASE OR PURCHASE

PERSONAL REFERENCES

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

VEHICLE INFORMATION

VEHICLE MAKE: _____ MODEL: _____

YEAR: _____ LICENSE PLATE NUMBER: _____

OTHER PERSONS WHO WILL BE OCCUPYING THE HOME WITH YOU

NAME: _____ AGE: _____ RELATIONSHIP: _____

NAME: _____ AGE: _____ RELATIONSHIP: _____

DATE: _____

TO: _____

This is to certify that I have read and understand the Rules & Regulations relating to residing in:

If this application is NOT legible or is not-completely and accurately filled out Mahogany Services, Inc. (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 the Association or their agent; Mahogany Services, Inc. may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, police arrest record, and mode of living as applicable.

Applicant

Date

Applicant's Spouse

Date

I/We hereby state that, if the sale or lease is approved, I/we will be bound by and abide by the Covenants, By-Laws and Rules and Regulations of Nassau Bay II Condominium Association, Inc.

The Purchaser/Lesseees hereby understand and agrees that the Association may perform a background investigation Furthermore, the Purchaser/Lessee shall hold the Association and Management Company harmless form any action or claim arising out of or in connection with said background check.

Applicant

Date

Applicant's Spouse

Date

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

4690 NW 103rd Avenue, Sunrise, Florida 33351

www.associatedcreditreporting.com

*****AUTHORIZATION FORM*****

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my credit history and criminal record history.

I/We hereby waive any privileges I/we 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/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We 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/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We 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.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! ****

APPLICATION FOR OCCUPANCY

Association Name: _____

Circle one: Purchase - Lease - Occupant - Unit.# _____ Bldg.# _____ Address applied for: _____

Applicant _____ Date of Birth _____ Social Security # _____

Circle One: Single - Married - Separated - Divorced - How Long? _____ Other legal or maiden name _____

Have you ever been convicted of a crime? _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Applicant's Cell Number(s) _____ Applicant's Email Address _____

Spouse _____ Date of Birth _____ Social Security # _____

Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

Spouse's Cell Number(s) _____ Spouse's Email Address _____

No. of people who will occupy unit – Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

In case of emergency notify _____ Address _____ Phone _____

RESIDENCE HISTORY (Seven Years History Required)

A. Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Dates of Residency: From _____ to _____

B. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Dates of Residency: From _____ to _____

C. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Dates of Residency: From _____ to _____

Are you using a realtor? Yes _____ No _____ If yes: Realtor's name _____

Email Address _____ Cellular Phone _____

Driver's License Number (Primary Applicant). _____ State Issued _____

Driver's License Number (Secondary Applicant) _____ State Issued _____

Make _____ Type _____ Year _____ License Plate No. _____

Make _____ Type _____ Year _____ License Plate No. _____

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

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____