



# Royal Poinciana Condominium Association, Inc.

A **NON-REFUNDABLE** application fee & background check fee of **\$100** is required to be paid in the form of a money order or certified bank check. New owner(s) / tenant(s) must be approved by the Board prior to sale or lease.

## NEW OWNER(S)/TENANT(S) APPLICATION

**PRINT OR TYPE** PURCHASE \_\_\_\_\_ LEASE \_\_\_\_\_ DATE: \_\_\_\_\_

APT. NO. \_\_\_\_\_ ADDRESS \_\_\_\_\_

DESIRED DATE OF OCCUPANCY: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_  
(PASSPORT, ALLIEN CARD)

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_  
(PASSPORT, ALLIEN CARD)

HOME PHONE \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

( ) SINGLE ( ) MARRIED ( ) SIGNIFICANT OTHER ( ) SEP. ( ) DIV ( ) WIDOWED

**NO. OF PEOPLE WHO WILL LIVE HERE:** ADULTS (OVER 18) \_\_\_\_\_ CHILDREN (OVER 18) \_\_\_\_\_ CHILDREN (UNDER 18) \_\_\_\_\_

| OCCUPANTS OR FREQUENT VISITORS | DOB | RELATIONSHIP |
|--------------------------------|-----|--------------|
|                                |     |              |
|                                |     |              |
|                                |     |              |

WILL THIS BE YOUR YEAR-ROUND ADDRESS? ( ) YES ( ) NO IF NO PLEASE PROVIDE ALTERNATIVE ADDRESS AND ESTIMATED PERIODS OF RESIDENCY

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
RESIDENCY PERIOD

**NAME OF PETS:** BREED \_\_\_\_\_ COLOR \_\_\_\_\_ WEIGHT \_\_\_\_\_

**\*\* NO VICIOUS BREEDS\*\*** BREED \_\_\_\_\_ COLOR \_\_\_\_\_ WEIGHT \_\_\_\_\_

DRIVERS LICENSE #1 \_\_\_\_\_ #2 \_\_\_\_\_

NO. OF CARS YOU WILL PARK AT THIS ADDRESS: \_\_\_\_\_ ARE ANY COMMERCIAL VEHICLES? ( ) YES ( ) NO

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ PLATE \_\_\_\_\_ STATE \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ PLATE \_\_\_\_\_ STATE \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ PLATE \_\_\_\_\_ STATE \_\_\_\_\_

IN CASE OF EMERGENCY, PERSON TO BE NOTIFIED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

RESIDENTIAL HISTORY:

PRINT OR TYPE

1 Present address \_\_\_\_\_ How long \_\_\_\_\_  
 \_\_\_\_\_ zip \_\_\_\_\_ Phone # \_\_\_\_\_  
 Landlord/Lender \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Mortgage # \_\_\_\_\_

2 Prior address #1 \_\_\_\_\_ How long \_\_\_\_\_  
 \_\_\_\_\_ zip \_\_\_\_\_ Phone # \_\_\_\_\_  
 Landlord/Lender \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Mortgage # \_\_\_\_\_

3 Prior address #2 \_\_\_\_\_ How long \_\_\_\_\_  
 \_\_\_\_\_ zip \_\_\_\_\_ Phone # \_\_\_\_\_  
 Landlord/Lender \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Mortgage # \_\_\_\_\_

**EMPLOYMENT REFERENCES**

1 Employed by \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position \_\_\_\_\_ How long \_\_\_\_\_ Monthly Income \_\_\_\_\_

2 Previous Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position \_\_\_\_\_ How long \_\_\_\_\_ Monthly Income \_\_\_\_\_

3 Spouse's Employed or retired from) \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position \_\_\_\_\_ How long \_\_\_\_\_ Monthly Income \_\_\_\_\_

4 Spouse's Prev. Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position \_\_\_\_\_ How long \_\_\_\_\_ Monthly Income \_\_\_\_\_

How you ever seasonally resided in Florida before? [ ] Yes [ ] No. If yes, please state name, address, and dates of residency.

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Have you or any proposed occupant ever been convicted of or pled to a crime? [ ] Yes [ ] No. If yes, please state date(s), charge(s),  
 Disposition(s) and location(s) \_\_\_\_\_

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YOUR APPLICATION FOR RESIDENCY WILL BE REJECTED IF YOU: ARE LISTED AS A SEXUAL PREDATOR OR OFFENDER; HAVE EVER BEEN CONVICTED OF A FELONY; HAVE FELONY CHARGES PENDING; OR HAVE PLED "GUILTY" OR "NO CONTEST" TO ANY FELONY, REGARDLES OF OUTCOME.

**BANK REFERENCES**

**PRINT OR TYPE**

|   |           |                                |                |       |
|---|-----------|--------------------------------|----------------|-------|
| 1 | Bank Name | _____                          | Phone #        | _____ |
|   | Address   | _____                          | Officer's Name | _____ |
|   | Account # | _____ [ ] Checking [ ] Savings | How long       | _____ |
| 2 | Bank Name | _____                          | Phone #        | _____ |
|   | Address   | _____                          | Officer's Name | _____ |
|   | Account # | _____ [ ] Checking [ ] Savings | How long       | _____ |
| 3 | Bank Name | _____                          | Phone #        | _____ |
|   | Address   | _____                          | Officer's Name | _____ |
|   | Account # | _____ [ ] Checking [ ] Savings | How long       | _____ |

**CHARACTER REFERENCES**

|   |         |              |       |
|---|---------|--------------|-------|
| 1 | _____   | Home Phone   | _____ |
|   | Address | Office Phone | _____ |
| 2 | _____   | Home Phone   | _____ |
|   | Address | Office Phone | _____ |
| 3 | _____   | Home Phone   | _____ |
|   | Address | Office Phone | _____ |

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|           |       |      |       |           |       |      |       |
|-----------|-------|------|-------|-----------|-------|------|-------|
| Applicant | _____ | Date | _____ | Applicant | _____ | Date | _____ |
| Witness   | _____ | Date | _____ |           |       |      |       |

**Return this form along with \$100 fee to Royal Poinciana, 1275 SW 46th Avenue, Clubhouse, Pompano Beach, FL 33069 for processing and approval. APPROVAL MUST BE ISSUED PRIOR TO RESIDENCY.**

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(Association Use Only)

( ) APPROVED ( ) NOT APPROVED ( ) INCOMPLETE \*Form must be completed entirely & re-submitted for approval

Date: \_\_\_\_\_

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ OF ROYAL POINCIANA CONDOMINIUM ASSOCIATION



# Royal Poinciana Condominium Association, Inc.

## EMPLOYMENT VERIFICATION

TO: (Name and address of employer)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

RE: \_\_\_\_\_

Applicant / Tenant Name

Social Security Number

Unit# (if assigned)

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature Owner Applicant Tenant

\_\_\_\_\_  
Date

I hereby authorize Royal Poinciana Condominium to conduct employment verification for rental purposes. Additionally, I hold both Royal Poinciana Condominium and my employer harmless for any claims against them for filling out this form, commenting on the form, or any discussion regarding this form and its subject matter.

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employee name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_\_\_ Date First Employed \_\_\_\_\_

No \_\_\_\_\_ Last Day of Employment \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ (check-one)

( ) hourly ( ) semi-monthly ( ) monthly ( ) yearly ( ) other \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s):

\_\_\_\_\_  
Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Employer's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's (Company) Name and Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mail