



Soleil Property Management

P.O. Box 212964

Royal Palm Beach, FL 33421

Office: (561) 225-1524

www.soleilpropertymanagement.net

PROCEDURE TO OBTAIN REQUIRED ASSOCIATION LEASE APPROVAL

The Association's relationship is with the owner of record. When the owner leases his/her home and the lease inception date has been set, the owner is to notify us. To obtain the required approval please send us:

1. A copy of the Lease or its equivalent.
2. This application, an application for approval, and authorization forms must be completed in detail by each proposed adult occupant of the home, other than the purchasers spouse, parent, or dependent child. If any information is left blank, the application will be returned to the agent not processed and unapproved.
3. A non-refundable check or money order for each applicant in the amount of \$100.00 per applicant must be made payable to Waburton Village Homeowners Association Inc. and attached to the application. Acceptance of processing fee does not in any way constitute approval of the lease.
4. **The completed application along with the administrative processing fee of \$150 and a background screening fee of \$50 for each adult 18 or older must be made payable to Soleil Property Management and must be received by Soleil Property Management at least 30 days prior to the lease start date.**
5. A \$1500 check for Security Deposit that is refunded at the end of the lease minus any costs incurred by the Association.
6. The completed application must be submitted to Soleil Property Management at least 30 days prior to the proposed move in date. If not you MUST reschedule your move in date.
7. All applicants and proposed residents must make themselves available for a personal interview and orientation that is conducted at the Villa Olympia. Please be advised that the interview scheduling process may take up to 10 days to facilitate.
8. Any violations on the property to be purchased must be corrected before the interview/orientation will be scheduled.
9. The approval document will be kept with the Association records at Soleil Property Management.
10. The homeowner documents require that the owner take these steps in a timely manner. Should the owner choose to delegate this responsibility he or she needs to understand that the ultimate obligation rests with him/her.
11. The owner is obligated to provide the lessee, prior to approval, a full set of homeowner documents, as the lessee will sign on our approval that he had received same and agrees to abide by them.
12. In order to assist us please send the completed application, contract and where to send the approval, at one time together to the address at the top of this form.



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Lessee Information

Lessee name(s) as will appear on the lease: _____

Additional name(s) on lease as it will appear: _____

Current Address: _____

City, State, Zip: _____

Home phone: _____ Cell: _____ Work: _____

Applicants Drivers License	Secondary Applicants Drivers License

Name all persons who will occupy the residence		
Name	Relationship	DOB

Has the applicant or any person who will occupy the residence been convicted of any crimes? Yes _____ No _____

If the answer to the question above is yes, please attach a separate sheet explaining in detail the nature and disposition of the conviction.

Applicant is purchasing home for: Personal Residence **OR** Investment Property

Property/Ownership Information

Physical address of home in Waburton: _____

Approximate lease term date(s): _____

Current Owner's name: _____

Current Owner's Address: _____

City, State, Zip: _____

Current Owner's Phone Number: _____

Realtor Information (if applicable)

Name of Agency	
Name of Agent	
Agency Phone Number	
Agency Fax Number	
Agent's Cell Number	

Residential History (5 year minimum)

Present Address	
City, State, Zip	
Landlord or Mortgage Company Name	
Contact Person	
Contact Persons Phone Number	
Dates of Residency (Begin/End)	

Previous Address	
City, State, Zip	
Landlord or Mortgage Company Name	
Contact Person	
Contact Persons Phone Number	
Dates of Residency (Begin/End)	

Previous Address	
City, State, Zip	
Landlord or Mortgage Company Name	
Contact Person	
Contact Persons Phone Number	
Dates of Residency (Begin/End)	

Applicants Employment

Present Employer	
Address	
City, State, Zip	
Contact Person	
Contact Persons Phone Number	
How long have you worked there?	
What is your approximate monthly income?	

Spouses Employment

Present Employer	
Address	
City, State, Zip	
Contact Person	
Contact Persons Phone Number	
How long have you worked there?	
What is your approximate monthly income?	

Bank Reference

Name of Bank	
Address	
City, State, Zip	
Contact Person	
Contact Persons Phone Number	
How long have you had the account?	

Character References (List Three)

Name	
Address	
City, State, Zip	
Contact Person	
Contact Persons Phone Number	
How long have you known this person?	
What is your relationship to this person?	
Name	
Address	
City, State, Zip	
Contact Person	
Contact Persons Phone Number	
How long have you known this person?	
What is your relationship to this person?	
Name	
Address	
City, State, Zip	
Contact Person	
Contact Persons Phone Number	
How long have you known this person?	
What is your relationship to this person?	

Vehicle Information

	Vehicle Make	Vehicle Model	Year	Tag Number	State of Registration
Vehicle 1					
Vehicle 2					
Vehicle 3					
Vehicle 4					
Vehicle 5					

Consent to Background Investigation and Release of Liability

I (we) understand that the Board of Directors of the Waburton Village Homeowner’s Association, Inc. may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I (we) specifically authorize the Board of Directors or Soleil Property Management to make such an investigation and agree that the information contained in this and the attached application may be used in such an investigation and that the Board of Directors, Officers, and Soleil Property Management 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 or its authorized agents.

In making the foregoing application, I (we) am (are) aware that the decision of Waburton Village Homeowner’s Association, Inc. will be final and no reason will be given for action taken by the Board of Directors. I (we) agree to be governed by the determination of the Board of Directors.

_____ Applicant Signature and Date
Social Security #

_____ Applicant Signature and Date
Social Security #