

LEGEND LAKE ESTATES HOMEOWNERS' ASSOCIATION, INC.  
**APPLICATION FOR OCCUPANCY**

The Association requires all prospective tenants to comply with the rules and regulations as set forth in the Governing Documents. A copy of the Governing Documents is provided to all tenants upon approval of their application.

All prospective tenants must complete the Association's application and must submit the following documents:

Association Application

Copy of valid identification card and/or driver's license for ALL residents over 18

Copy of Fully Executed Lease

Your application will be returned as incomplete if any of the above is missing.

**BE ADVISED A CRIMINAL BACKGROUND CHECK WILL BE CARRIED OUT  
ON ALL LEASE APPLICANTS  
A FREE AND CLEAR CRIMINAL BACKGROUND CHECK WILL BE REQUIRED  
IN ORDER TO BE APPROVED.**

There is a **\$150.00** non refundable application fee per adult (18 years or older) payable in either a cashier's check or a money order payable to Soleil Property Management, Inc. There is a **\$50.00** non-refundable background screening fee per adult (18 years or older) payable in either a cashier's check or a money order payable to Soleil Property Management, Inc.

**LEGEND LAKE ESTATES HOMEOWNERS' ASSOCIATION, INC.**

**RENTAL APPLICATION**

Address: \_\_\_\_\_

Move in Date: \_\_\_\_\_

**CONTACT NUMBERS:**

Owner's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Realtor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Realtor Email: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_ Application-Complete

\_\_\_\_ Background Check

\_\_\_\_ Copy of Lease-Fully Executed

\_\_\_\_ Application fee of \$150.00 (money order or cashiers check) per person for anyone 18 yrs of age or older. Payable to Soleil Property Management.

\_\_\_\_ Background screening fee of \$50.00 (money order or cashiers check) per person for anyone 18 yrs of age or older. Payable to Soleil Property Management.

LEGEND LAKE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Application for Occupancy

**Please complete all questions and fill in all blanks. If application is incomplete, this may result in your application not being processed and/or not approved. If the question does not apply, answer N/A.**

**Print legibly or type all information.**

Address of Property: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Contact Phone# \_\_\_\_\_

Date of Lease: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

2. Please list place(s) of residence for the last two years. If additional space is needed, please attach:

A. Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Residency Dates: From \_\_\_\_\_ to \_\_\_\_\_ Cell: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_ Rent Amt: \_\_\_\_\_

B. Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Residency Dates: From \_\_\_\_\_ to \_\_\_\_\_ Cell: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_ Rent Amt: \_\_\_\_\_

3. Please list full names, Social Security number and date of birth of **all** persons that will reside at this residence:

FULL NAME:	Social Security number:	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If additional space is needed, please attach

5. Please list the make, model and tag numbers of all automobiles that will be parked at your residence

Year _____	Make _____	Model _____	Color _____	Tag No. _____
Year _____	Make _____	Model _____	Color _____	Tag No. _____
Year _____	Make _____	Model _____	Color _____	Tag No. _____
Year _____	Make _____	Model _____	Color _____	Tag No. _____

6. Drivers License number/Identification card number for ALL residence in the household. (please attach copy of license or id card)

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 6. \_\_\_\_\_
- 7. \_\_\_\_\_ 8. \_\_\_\_\_

7. Has anyone in your household ever been convicted of a felony in the past 5 years?  
If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please list employment history for the last two years. If additional space is needed, please attach.

A. Current Employer \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
How Long: \_\_\_\_\_ Position: \_\_\_\_\_ Annual Income: \_\_\_\_\_

B. Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
How Long: \_\_\_\_\_ Position: \_\_\_\_\_ Annual Income: \_\_\_\_\_

9. Spouse's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
How Long: \_\_\_\_\_ Positions: \_\_\_\_\_ Annual Income: \_\_\_\_\_

10. In case of an Emergency, list contact person:

Name: \_\_\_\_\_ relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone# \_\_\_\_\_

11. Do you receive any housing assistance? \_\_\_\_\_ If yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_.

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Character Reference (NO Family Members)

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Pn: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Pn: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

3. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Pn: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

If this application is NOT legible or is not completely and accurately filled out, Legend Lake Estates Homeowners' Association, Inc. will not be liable or responsible for any Inaccurate information in the investigation and related report (should there be one) caused by such omission or illegibility.

By signing the applicant recognizes that Legend Lake Estates Homeowners' Association, Inc. or their agent may investigate the information applied by the applicant, and a full disclosure or pertinent facts may be made to the Association. The Association may also require a credit report through a credit reporting agency.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF INFORMATION & AUTHORIZATION**

DATE: \_\_\_\_\_

TO: SOLEIL PROPERTY MANAGEMENT, INC.  
PO BOX 212964  
ROYAL PALM BEACH, FL 33421

**I GIVE MY AUTHORIZATION FOR THE ABOVE TO VERIFY INFORMATION, OBTAIN A CREDIT REPORT, CRIMINAL HISTORY REPORT, EMPLOYMENT INFORMATION ON MYSELF AND AGREE SCREENING MAY RESULT IN MY APPLICATION BEING APPROVED OR DISAPPROVED. THIS AUTHORIZATION IS GOOD FOR THIRTY (30) DAYS FROM THE DATE ABOVE.**

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ State: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**RELEASE OF INFORMATION & AUTHORIZATION**

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DRIVERS LICENSE #: \_\_\_\_\_ State: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_