

THOROUGHbred LAKES HOA RENTAL CHECKLIST

BELOW IS A LIST OF ITEMS NEEDED TO RENT A HOME. PLEASE INDICATE WITH A CHECK MARK THAT THE NEEDED ITEMS ARE ENCLOSED.

IF YOU FAIL TO PROVIDE **ALL** INFORMATION AND PAYMENT: **YOUR APPLICATION WILL BE RETURNED TO YOU AND ALL PAYMENT FORFEITED.**

PLEASE SIGN THAT YOU UNDERSTAND THE ABOVE, AGREE TO FORFEIT ALL PAYMENT AND THAT YOU ARE ENCLOSING ALL THE NEEDED ITEMS.

SIGN _____

PRINT _____

DATE _____

NEEDED ITEMS:

- ┆ COPY OF THE LEASE CONTRACT
- ┆ COPY OF ALL ADULT DRIVERS LICENSE THAT WILL BE LIVING IN THE HOME
- ┆ COPY OF THE LEASE APPLICATION
- ┆ \$125 PER ADULT/MARRIED COUPLE APPLICATION PROCESSING FEE MADE PAYABLE TO SOLEIL PROPERTY MANAGEMENT (CASHIER'S CHECK OR MONEY ORDER ONLY)
- ┆ \$50 PER ADULT 18 YEARS OR OLDER FOR CRIMINAL BACKGROUND AND CREDIT CHECK FEE MADE PAYABLE TO SOLEIL PROPERTY MANAGEMENT (CASHIER'S CHECK OR MONEY ORDER ONLY)
- ┆ 2 PAGE CRIMINAL CHECK AUTHORIZATION/DISCLOSURE FOR EACH PERSON 18 YEARS OR OLDER

THOROUGHbred LAKES HOA

C/o Soleil Property Management

P.O. Box 212964

Royal Palm Beach, FL 33421

Office: (561) 225-1524

Rental Application

Homeowner Name _____ Property Address _____

Homeowner Mailing Address _____

Homeowner Phone Number _____ Cell # _____

Tenant Name _____ E-mail Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Co-Tenant Name _____ E-mail Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Lease Terms: _____

Tenant Information – list all occupants

Occupants Name	Date of Birth	Home Phone	Cell Phone	E-mail address

Automobiles

Year	Make	Model	Tag #	State

Emergency Contact _____ Relationship _____ Phone # _____

Emergency Contact _____ Relationship _____ Phone # _____

Employer:

Name _____ Phone # _____ Address _____

Name _____ Phone # _____ Address _____

Pets:

Type_____ Quantity_____ Weight_____
Type_____ Quantity_____ Weight_____

Realtor (if applicable)

Name_____ Phone_____ E-mail_____

Proposed Tenant hereby understand and agree to the following terms, please initial after each item.

1. That all information in this application is true and correct. _____
2. A non-refundable processing fee of \$125 per applicant or married couple, (cashier check or money order) made payable to Soleil Property Management, must accompany the application. _____
3. A copy of a valid driver's license for all adults, 18 years or older, who will reside in the residence. _____
4. A national criminal check for every adult who will reside in the residence. The cost for this service is \$50 per adult (cashier check or money order). Each adult must fill-out the following two forms, (which are attached to the application), 1. Residential Screening Request and 2. Disclosure and Authorization Agreement Regarding Consumer Reports. The check should be made payable to Soleil Property Management. _____
5. Agrees to follow all the rules of Thoroughbred Lakes including the following:
(a). SUBLEASING IS NOT ALLOWED (b). LEASING WITH "OPTIONS TO PURCHASE" ARE NOT ALLOWED and (c) LEASE RENEWALS MUST RECEIVE ASSOCIATION APPROVAL. _____

Proposed Tenant understands, agrees, and authorizes Soleil Property Management, Thoroughbred Lakes HOA, Inc, Board of Directors and or their committee, and their agents to investigate and verify all information submitted on the application. _____

Signature of Tenant_____ **Date**_____

Signature of Tenant_____ **Date**_____

Reviewed by Thoroughbred Lakes HOA

Signature_____ **Date**_____

Printed Name_____

Approved/Denied_____ **Reason**_____

RESIDENTIAL SCREENING REQUEST

PROPERTY ADDRESS PURCHASING/RENTING _____

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cell#: _____

Current Employer

Company: _____ Tel#: _____

Supervisor: _____ Salary: _____

Employed From: _____ To: _____ Title: _____

Current Landlord

Company: _____ Tel# _____

Landlord: _____ Rent: _____

Rented From: _____ To: _____

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ **DATE:** _____

**DISCLOSURE AND AUTHORIZATION AGREEMENT REGARDING
CONSUMER REPORTS**

PROPERTY ADDRESS PURCHASING/RENTING _____

Check below for which report(s) are needed or both

Credit report _____

National Criminal Background Report _____

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your residence.** Upon timely written request of the management, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name

Signature

Date