

LANTERN WALK HOMEOWNERS ASSOCIATION, INC.  
C/O SOLEIL PROPERTY MANAGEMENT PO BOX 212964  
ROYAL PALM BEACH, FL 33421  
OFFICE: (561) 225-1524

## APPLICATION FOR LEASE OR SALE

- APPLICATION FEE OF \$200.00 FOR ALL INDIVIDUAL APPLICANTS OVER 18. APPLICATION FEES MUST BE PAYABLE TO SOLEIL PROPERTY MANAGEMENT. CHECKS OR MONEY ORDERS ARE ACCEPTED.
- SIGNED BACKGROUND CONSENT DISCLOSURE FORM.
- COPY OF DRIVERS LICENSE/OR GOVERNMENT ISSUED PHOTO I.D. REQUIRED
- COPY OF SIGNED LEASE OR SALES CONTRACT REQUIRED

- PLEASE MAIL YOUR CHECKS, COPY OF PHOTO I.D., APPLICATION AND SIGNED CONTRACT TO OUR PO BOX LISTED ABOVE. PARTIAL/INCOMPLETE APPLICATIONS NOT ACCEPTED. CHECKS MUST BE TURNED IN WITH APPLICATION AND NOT SENT SEPARATELY.

### ATTENTION ALL UNIT OWNERS, PROSPECTIVE BUYERS, AND PROSPECTIVE TENANTS

If you plan to lease or sell your unit, you should notify Soleil Property Management of your proposed transaction at least thirty (30) days before the planned date of occupancy.

Applications should be submitted to Soleil Property Management by mail.  
***Emailed applications will not be accepted. Incomplete applications will not be accepted or processed.***

Please read the cover sheet for complete instructions. The following items must be included with your completed application form:

1. Application fee of \$200.00 per applicant 18 years and older. Checks must be payable to ***Soleil Property Management. No application will be accepted without the fees. CHECK OR MONEY ORDER ACCEPTED.***
2. Signed copy of the sales or lease contract.
3. **Photo I.D. (MUST BE LEGIBLE)**

**LANTERN WALK HOA  
APPLICATION FOR LEASE OR SALE**

**Note: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.  
PLEASE FILL IN ALL AREAS!**

This application is for a **Lease** \_\_\_\_\_ or **Sale** \_\_\_\_\_ for property located at:

Date: \_\_\_\_\_ If sale, date of closing: \_\_\_\_\_

Lease dates – From: \_\_\_\_\_ To: \_\_\_\_\_

**Realtor's Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Applicant's Name(s)** \_\_\_\_\_

**Phone** (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **SSN #** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ **State** \_\_\_\_\_

**MARITAL STATUS:** Married ( ) Separated ( ) Divorced ( ) Single ( )

**Spouses Name** \_\_\_\_\_

**Phone** (cell or other) \_\_\_\_\_

**Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **SSN #** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ **State** \_\_\_\_\_

**No. of people who will occupy unit** \_\_\_\_\_

**LIST ALL OCCUPANTS:**

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

**IF OCCUPANTS ARE OVER 18, MUST INCLUDE COPY OF DRIVER'S LICENSE.**

**VEHICLES**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tag # \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tag # \_\_\_\_\_ State: \_\_\_\_\_

**RESIDENCE HISTORY**

**Present address:** \_\_\_\_\_

Own ( ) or Rent ( ) Years: \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous address (if less than 5 years at present address)** \_\_\_\_\_

Own ( ) or Rent ( ) Years: \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous address** \_\_\_\_\_

Own ( ) or Rent ( ) Years: \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone: \_\_\_\_\_

**EMPLOYMENT HISTORY**

**ARE YOU SELF EMPLOYED?** Yes ( ) No ( ) **RETIRED?** Yes ( ) No ( )

**MILITARY HISTORY: BRANCH:** \_\_\_\_\_ **DATES:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

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

Phone # \_\_\_\_\_ Employment Dates \_\_\_\_\_

Dept. or Position \_\_\_\_\_

Supervisor: \_\_\_\_\_ Monthly income: \_\_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_

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

Phone # \_\_\_\_\_ Employment Dates \_\_\_\_\_

Supervisor: \_\_\_\_\_ Monthly income: \_\_\_\_\_

**SPOUSE: ARE YOU SELF EMPLOYED?** Yes ( ) No ( ) **RETIRED?** Yes ( ) No ( )

**MILITARY HISTORY: BRANCH:** \_\_\_\_\_ **DATES:** \_\_\_\_\_

**SPOUSE'S EMPLOYER:** \_\_\_\_\_

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

Phone # \_\_\_\_\_ Employment Dates \_\_\_\_\_

Dept. or Position \_\_\_\_\_

Supervisor: \_\_\_\_\_ Monthly income: \_\_\_\_\_

**SPOUSE'S PREVIOUS EMPLOYER:** \_\_\_\_\_

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

Phone # \_\_\_\_\_ Employment Dates \_\_\_\_\_

Supervisor: \_\_\_\_\_ Monthly income: \_\_\_\_\_

**PERSONAL REFERENCES (NO RELATIVES)**

1. Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_ Years known: \_\_\_\_\_

2. Name: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_ Years known: \_\_\_\_\_

**PETS**

Yes ( ) How many ? \_\_\_\_\_ No pets ( ) \_\_\_\_\_

Type \_\_\_\_\_ Weight \_\_\_\_\_

# LANTERN WALK HOA

## BACKGROUND CONSENT FORM

### PERSONAL BACKGROUND

**HAVE ANY OF THE LISTED APPLICANTS EVER BEEN ARRESTED FOR ANYTHING OTHER THAN A MINOR TRAFFIC OFFENSE? Yes ( ) No ( )**

If yes, please explain:

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Applicant represents that all information given is true and correct, and understands that as part of our procedure for processing your application, an outside agency may be used to make an investigation from the information given and present their findings to us for review. This investigation may include, but is not limited to, character, general reputation, credit, residence and criminal search. Applicants agree not to hold the Association or it's agent liable for the discovery or non-discovery of information or any actions taken as a result of this investigation. Authorization is hereby given to release banking, credit, residency, employment and other information pertinent to this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LANTERN WALK HOA**

**RESIDENT CONTACT SHEET**

**NAME:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**IF LEASING, LEASE DATES:** \_\_\_\_\_

**FOR SALES, CLOSING DATE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL** \_\_\_\_\_ **WORK** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**FOR BUYERS, MAILING ADDRESS WHERE ALL CORRESPONDENCE SHOULD BE MAILED AFTER CLOSING:**

**PLEASE BE SURE TO NOTIFY SOLEIL PROPERTY MANAGEMENT OF ANY CHANGE IN MAILING ADDRESS. ALL ADDRESS CHANGES MUST BE PROVIDED IN WRITING VIA EMAIL.**

**IN CASE OF EMERGENCY**

**Contact name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_