

PROFILES II HOMEOWNERS ASSOCIATION, INC. LEASE APPLICATION

THE FOLLOWING REQUIREMENTS MUST BE MET IN ORDER TO LEASE A UNIT:

1. A fully completed and signed Lease Application
2. Three (3) separate letters of reference (1 bank, 1 employer and 1 personal)
3. A copy of the LEASE AGREEMENT must accompany the completed Application
- 4. No Application will be considered for approval if the Unit Owner is delinquent in any monies due to Profiles II.**
5. Copy of government issued Driver's License (the copy of the Driver's License must have a clear picture of the individual, and all information must be legible)
6. Completed AccuData Authorization Form (per person over age 18)
7. All tenants must have a credit score of at least **650**.

SCREENING & PROCESSING FEES

1st Check is payable to **Profiles II** for Forty (**\$40.00**) Dollars per person over 18.

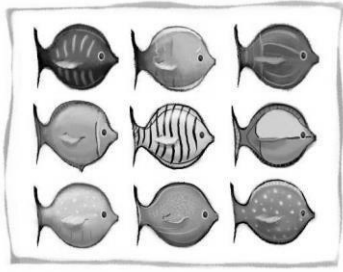
2nd Check is payable to **Profiles II** for Thirty-Five (**\$35.00**) Dollars. Processing fee.

3rd Check is payable to **Atlantis Management Services** for Sixty-Five (**\$65.00**) Dollars per application.

All new Lessees must obtain a copy of the Association's Governing Documents from the current Owner. Each individual Owner is responsible to READ AND ABIDE BY the Rules and Regulations of Profiles II Homeowners Association, Inc. If necessary, Documents may be purchased from Atlantis Management Services for Twenty-Five (**\$25.00**) Dollars. (Please call ahead of time before arrival to ensure that they are ready for pickup).

All amounts due Association or Management must be paid by check or money order.

PLEASE NOTE: Any incomplete Application submitted will be returned and not processed until all required items have been provided. Please allow a minimum of fourteen (14) business days prior to estimated lease starting date for the processing of your Application.



ATLANTIS MANAGEMENT SERVICES, LC

Property Management and Related Services

11011 Sheridan Street, Suite 208
Cooper City, FL 33026
Phone: 954-450-9400
Fax: 954-450-1110

profiles2@atlantis-management.com

PROFILES II HOMEOWNERS ASSOCIATION, INC. NEW RESIDENT INFORMATION SHEET

Please print clearly

Date: _____

Desired Date of Occupancy: _____

PROPERTY INFORMATION

Property Address: _____

Phone number for above address: _____

Realtors Name: _____

Phone: _____

If Lease, please provide:

1. Copy of the current Lease
2. Driver's Licenses for all residents
3. Vehicle Registrations

Current Lease Date: Commences: _____ Terminates: _____

This is a: 2 Bedroom () 3 Bedroom () 4 Bedroom ()

Number of people who will occupy the Unit _____ List children under 18 years of age:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

HOMEOWNER INFORMATION
(those that are/will be listed on lease)

MARITAL STATUS: Married () Separated () Divorced () Single () Other _____

1. Last Name: _____ First Name: _____ Age: _____ DOB: _____
Phone: Home: _____ Work: _____ Cell: _____
Email#1: _____ Email#2: _____ SSN: _____
Driver's License #: _____ State: _____

2. Last Name: _____ First Name: _____ Age: _____ DOB: _____
Phone: Home: _____ Work: _____ Cell: _____
Email#1: _____ Email#2: _____ SSN: _____
Driver's License #: _____ State: _____

3. Last Name: _____ First Name: _____ Age: _____ DOB: _____
Phone: Home: _____ Work: _____ Cell: _____
Email#1: _____ Email#2: _____ SSN: _____
Driver's License #: _____ State: _____

TENANT INFORMATION

1. Last Name: _____ First Name: _____ Age: _____ DOB: _____
Phone: Home: _____ Work: _____ Cell: _____
Email#1: _____ Email#2: _____ SSN: _____
Driver's License #: _____ State: _____

2. Last Name: _____ First Name: _____ Age: _____ DOB: _____
Phone: Home: _____ Work: _____ Cell: _____
Email#1: _____ Email#2: _____ SSN: _____
Driver's License #: _____ State: _____

3. Last Name: _____ First Name: _____ Age: _____ DOB: _____
Phone: Home: _____ Work: _____ Cell: _____
Email#1: _____ Email#2: _____ SSN: _____
Driver's License #: _____ State: _____

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____ Color: _____ Tag: _____
Year: _____ Make: _____ Model: _____ Color: _____ Tag: _____
Year: _____ Make: _____ Model: _____ Color: _____ Tag: _____
Year: _____ Make: _____ Model: _____ Color: _____ Tag: _____

MUST SUBMIT ALL VEHICLE REGISTRATIONS WITH APPLICATION

PET INFORMATION

Are there pets of any kind living in this property? Yes () No () _____ Cat(s) Dog(s) Breed:
_____ Weight: _____ Color: _____ Name: _____

Please attach a color picture of each pet, and a copy of vaccination records from Veterinarian.

EMERGENCY CONTACT INFORMATION

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

RESIDENCE HISTORY

Own () Rent () PRESENT ADDRESS: _____

City: _____ State: _____ Zip: _____ From: _____ To: _____

Name of Landlord: _____ Phone: _____

Own () Rent () PREVIOUS ADDRESS: _____

City: _____ State: _____ Zip: _____ From: _____ To: _____

Name of Landlord: _____ Phone: _____

EMPLOYMENT HISTORY

MUST BE COMPLETED BY EACH APPLICANT OVER 18

ARE YOU:

Self employed? Yes () No () Retired? Yes () No ()

If yes, give your Company's name or your last employer as applicable.

APPLICANT NAME: _____

EMPLOYER: _____ From: _____ To: _____

City: _____ State: _____ Zip: _____ Phone: _____

Dept. or Position: _____ Supervisor: _____ Monthly Income: _____

PREVIOUS EMPLOYER: _____ From: _____ To: _____

City: _____ State: _____ Zip: _____ Phone: _____

Dept. or Position: _____ Supervisor: _____ Monthly Income: _____

APPLICANT NAME: _____

EMPLOYER: _____ From: _____ To: _____

City: _____ State: _____ Zip: _____ Phone: _____

Dept. or Position: _____ Supervisor: _____ Monthly Income: _____

PREVIOUS EMPLOYER: _____ From: _____ To: _____

City: _____ State: _____ Zip: _____ Phone: _____

Dept. or Position: _____ Supervisor: _____ Monthly Income: _____

REFERENCES OTHER THAN FAMILY MEMBERS

- 1. Name: _____ Primary Phone: _____
Address: _____ Secondary Phone: _____
- 2. Name: _____ Primary Phone: _____
Address: _____ Secondary Phone: _____
- 3. Name: _____ Primary Phone: _____
Address: _____ Secondary Phone: _____
- 4. Name: _____ Primary Phone: _____
Address: _____ Secondary Phone: _____

Bank Reference and Contact: _

Phone: _____ City: _____ State: _____

Has any person listed on this Application ever been arrested and/or convicted for anything other than a minor traffic offense? **Yes** () **No** () If yes, Please explain:

Applicant represents that all information given is true and correct, and understands that as part of our procedure for processing your Application, a Screening Consultant, **ACCUDATA**, will 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, driver’s license and criminal search. Applicant agrees not to hold the Association, or its Screening Consultant 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, residence, employment and other information pertinent to this application.

Applicant Name: _

Signature: _

Applicant Name: _

Signature: _

RESIDENTIAL SCREENING AUTHORIZATION FORM

Applicant Name: _____ **Gender:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____ **Date of Birth:** _____

I give my authorization to landlord/seller, AccuData Inc., or any party or agency contacted by landlord/seller to obtain and verify the above information concerning a credit report, criminal records, motor vehicles and other history. I understand that inquiries may be made to various federal and state agencies, employers and references.

Applicant Signature: _____ **Date:** _____

RESIDENTIAL SCREENING AUTHORIZATION FORM

Applicant Name: _____ **Gender:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____ **Date of Birth:** _____

I give my authorization to landlord/seller, AccuData Inc., or any party or agency contacted by landlord/seller to obtain and verify the above information concerning a credit report, criminal records, motor vehicles and other history. I understand that inquiries may be made to various federal and state agencies, employers and references.

Applicant Signature: _____ **Date:** _____