



1300 NW 17<sup>th</sup> Ave. Suite 270  
Delray Beach, FL 33445  
(561)637-3402 Office (561)637-3407 Fax

Instructions for Rental Application –  
**REGENTS PLACE AT BEAR LAKES HOMEOWNER'S ASSOCIATION, INC.**

- 1) APPLICATION MUST BE SUBMITTED AT LEAST THIRTY (30) DAYS PRIOR TO LEASE BEGINNING DATE.
- 2) **TWO (2) COMPLETE, SEPARATED SETS OF EVERYTHING LISTED BELOW MUST BE SUBMITTED.** (APPLICATION AND THE LEASE AGREEMENT CONSTITUTES ONE SET.) **ONE SET OF THESE MUST BE THE ORIGINAL PAPERWORK.**
- 3) EACH PAGE MUST BE PROPERLY COMPLETED.
- 4) EACH APPLICATION MUST INCLUDE A PHOTO ID FOR EACH APPLICANT (ON 8 ½ X 11 PAPER).
- 5) A \$150.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED ON ALL NEW LEASES. THE \$150.00 APPLICATION FEE MUST BE **MADE PAYABLE TO THE REGENTS PLACE AT BEAR LAKES HOMEOWNER'S ASSOCIATION, INC.**

**ALL MATERIALS MUST BE PROPERLY COMPLETED AND SUBMITTED TOGETHER OR THIS APPLICATION PACKET MAY NOT BE PROCESSED. OUR OFFICE WILL DO ITS BEST TO EXPEDITE ALL PAPERWORK IN A TIMELY FASHION. WE WOULD LIKE TO CONVEY TO YOU THAT MOST DELAYS ARE CAUSED BY INCOMPLETE PAPERWORK. PLEASE LOOK OVER THESE INSTRUCTIONS CAREFULLY. PLEASE CALL OUR OFFICE (561) 637-3402 WITH ANY QUESTIONS BEFORE SENDING COMPLETED PACKETS IN.**

NOTE: IF YOU WOULD LIKE A COPY OF THE CERTIFICATE OF APPROVAL, PLEASE PROVIDE OUR OFFICE WITH YOUR CURRENT INFORMATION ON THE BOTTOM OF PAGE 2 OF THE APPLICATION

# Wilson Landscaping & Management Corp.

1300 NW 17<sup>th</sup> Ave. Suite 270

Delray Beach, Florida 33445

Phone (561)637-3402 Fax (561)637-3407

## RENTAL INFORMATION SHEET

**Address:** REGENTS PLACE AT BEAR LAKES HOMEOWNER'S ASSOCIATION, INC.

Name of Owner (s): \_\_\_\_\_

Owner (s) Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Owner(s) Phone Number: \_\_\_\_\_ Owner(s) Cell: \_\_\_\_\_

Owner's E-Mail Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_ Age: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_ Age: \_\_\_\_\_

Applicant(s) Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Applicant(s) Phone Number: \_\_\_\_\_ Applicant(s) Cell: \_\_\_\_\_

### **Vehicle Information:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate#: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate#: \_\_\_\_\_

### **PLEASE LIST ALL OCCUPANT(S) WHO WILL RESIDE AT UNIT IF APPROVED:**

<b>Name</b>	<b>Relationship to Applicant</b>	<b>Date of Birth</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **PLEASE PROVIDE NAME AND ADDRESS OF WHERE TO SEND APPROVED CERTIFICATE OF APPROVAL:**

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

# Wilson Landscaping & Management Corp.

1300 NW 17<sup>th</sup> Ave. Suite 270

Delray Beach, Florida 33445

Phone (561)637-3402 Fax (561)637-3407

## LESSEE AGREEMENT

In making this application to lease the unit noted on page one of this application; I/we understand that acceptance of the application is conditioned on the approval of the Board of Directors and that the decision they make is final.

- Agree that if the application is approved, to abide by all the Rules and Regulations, By-Laws and any and all restrictions of the the Association and any changes that may be imposed in the future.
- Agree that the unit may not be occupied in my absence without the prior knowledge of the Board.
- LESSEE(S), acknowledge receipt of the Rules and Regulations and understand that the unit may not be sub-leased.
- Have enclosed a check in the amount of \$150.00 payable to **REGENTS PLACE AT BEAR LAKES HOMEOWNER'S ASSOCIATION, INC.** as provided for by Florida Statutes and by the Homeowner's Association Documents.
- Understand that if any check paid by the Owner(s), and/or Lessee(s) is returned unpaid; any approval granted will be voided.

---

Applicant's Signature

---

Date

---

Applicant's Signature

---

Date

**DISCLOSURE AND AUTHORIZATION  
FOR CONSUMER REPORTS**

In connection with my application for occupancy for a dwelling and or Residential with REGENTS PLACE AT BEAR LAKES HOMEOWNER'S ASSOCIATION, INC., I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

**This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: **United Screening Services, Corp.**(name) ("Agency"), **P.O. Box 55-9046, Miami, FL. 33255-9046** (address), telephone number **(305) 774-1711 or (800) 731-2139**, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: **www.unitedscreening.com**.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

**Are you a service member as defined by s. 250.01, Florida Statutes?** Yes  No

*The term "service member" is defined by s.250.01, Florida Statute to include any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces.*

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For identification purposes:

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_; State of Issue: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**EACH APPLICANT MUST COMPLETE A SEPARATE DISCLOSURE AND AUTHORIZATION FORM!**