APPLICATION FOR RENTAL OCCUPANCY

THOUSAND OAKS AT CONGRESS MASTER ASSOCIATION, INC.
1034 Center Stone Lane
Riviera Beach, FL 33404
Phone: (561) 845-1016
Fax: (561)429-3134
E-Mail: thousandoaks1@yahoo.com

**The cut-off for HOA acceptance of rental applications is every Tuesday “before” the rental committee meets, on the 1st and 3rd Wednesday’s before 1pm.**
Information Needed for Approval

Thousand Oaks Address: _____________________
Date: ___________________

Prospective Tenant: _______________________________
Phone: __________

Owner Name: _________________________________
Phone: __________

Realtor Name for Tenant: _________________________
Phone: __________

ALL LANDLORDS RENTING PROPERTY IN RIVIERA BEACH “MUST” INCLUDE A COPY OF THEIR OCCUPATIONAL LICENSE WITH THIS APPLICATION OR THE APPLICATIONS WILL NOT BE SCREENED OR FORWARDED TO THE SCREENING COMMITTEE.
For more information regarding this license please call Riviera Beach Code Enforcement at 561-845-4019.

LEASE and OCCUPANCY RESTRICTIONS:
All leases shall be in writing and approved by the Master Association. All leases stipulate that the Master Association has the right to terminate the lease at any time, in representation of the lessor upon default by the tenant of any violation or disregard of the provisions of the Declaration, Articles of Incorporation, and By-Laws of the Master Association or any applicable rules and regulations. Leasing of all units is also subject to written pre-approval of the Master Association.

APPROVAL:
All prospective tenants must receive written approval by the Master Association prior to unit occupancy.

The Master Association reserves the right to interview prospective tenants prior to unit occupancy.

All prospective tenants must complete a Master Association Application and must submit the following:

_______ Application Fee & Security Deposit
_______ Master Association Application
_______ Resident Parking Bar Codes
_______ Copy of Lease Agreement; LEASE agreements WILL BE A MINIMUM OF (6) MONTHS AND NOT TO EXCEED (1) YEAR
_______ Copy of Valid Driver’s License or Identification card and ALL resident vehicle registrations
_______ Copy of Social Security card for ALL Residents over the age of 18. Any person residing on the property under the age of 18 must submit either a birth certificate or photo/school ID
_______ Proof of ALL Income MUST CONSIST OF THE LAST 3-5 CURRENT EMPLOYMENT PAY STUBS.
Bank statements, letters from employers will not be accepted.
_______ Copy of Landlord’s Occupational License - Available from City of Riviera Beach

FEES:
A $100.00 NON-REFUNDABLE FEE for background checks PER PERSON (18 and older) and a $1,000.00 deposit must be paid by the landlord/owner and kept in an escrow account which may be refunded provided NO violations have occurred. All deposits must be paid in cash, money order, or cashier checks made payable to: Thousand Oaks HOA.

_______ $100.00 NON-Refundable fee per person OVER 18 years of age

_______$1,000.00 or month’s rent ________________ Deposit (Must be paid by Owner)

If approved you agree to purchase a Barcode for the community. Barcodes are 35.00 each once approved, you will have to do an orientation and purchase the barcode before you will receive your C.O.A.
Application for Occupancy

Please fill in “all” blanks. Incomplete applications may result in delayed processing and/or disapproval. If questions do not apply, answer N/A. Please print legibly or type all information.

Thousand Oaks Address: __________________________________________________________

Owner’s Name:__________________________________________________________________ Contact #:________________________________________

Owner’s mailing:________________________________________________________________

Phone: _____________________________ Cell#: ______________________________________

Renter’s Name:__________________________________________________________________

Phone: _____________________________ Cell#: ______________________________________

Lease Term: ______________ to ______________  Number Occupants: __________________________

Tenants Name [Print-must be readable] D.O.B Relationship to Tenant Social Security #

1. ___________________________________________________________________________ ________ _______________ __________________________

2. ___________________________________________________________________________ ________ _______________ __________________________

3. ___________________________________________________________________________ ________ _______________ __________________________

4. ___________________________________________________________________________ ________ _______________ __________________________

5. ___________________________________________________________________________ ________ _______________ __________________________

Drivers License number/Identification card number for ALL members in the household. (Please attach a copy of D/L License or ID cards)

1. Name:______________________________________________________________________ Drivers License #: ____________________________

2. Name:______________________________________________________________________ Drivers License #: ____________________________

3. Name:______________________________________________________________________ Drivers License #: ____________________________

4. Name:______________________________________________________________________ Drivers License #: ____________________________

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. __________

Year__ Make______ Model________ Color__________ Tag No. __________
Character References (No Family Members) Must have 2 references per adult 18 and older. Please make additional copies of this page if needed

Tenant Name: ___________________ Reference Name: ___________________ Phone #: ___________________
Address: ___________________________________________ Occupation: ________________________________

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Address: ___________________________________________ Occupation: ________________________________

Tenant Name: ___________________ Reference Name: ___________________ Phone #: ___________________
Address: ___________________________________________ Occupation: ________________________________

Tenant Name: ___________________ Reference Name: ___________________ Phone #: ___________________
Address: ___________________________________________ Occupation: ________________________________

1. Do you receive any housing assistance? ______ If yes, please explain __________________________________________

2. Has anyone in your household ever been charged or arrested? ______ If yes, please explain __________________________

REQUIRED

Please list place(s) of residence for the past two years for each adult applicant. If additional space is needed, please attach.

Tenant Name(s): ___________________________________________ Phone #: ________________________________
Present Address: ___________________________________________
Residency Dates: From ___________ to ___________ Rent/Mtg amt: ____________________________
Name of Landlord/Mortgagee: ___________________________ Phone #: ________________________________

Tenant Name(s): ___________________________________________ Phone #: ________________________________
Present Address: ___________________________________________
Residency Dates: From ___________ to ___________ Rent/Mtg amt: ____________________________
Name of Landlord/Mortgagee: ___________________________ Phone #: ________________________________

Tenant Name(s): ___________________________________________ Phone #: ________________________________
Previous Address: __________________________________________
Residency Dates: From ___________ to ___________ Rent/Mtg amt: ____________________________
Name of Landlord/Mortgagee: __________________________________________ Phone #. ________________________________

Tenant Name(s): ________________________________________________________________________________________

Previous Address: ______________________________________________________________________________________

Residency Dates: From ___________________ to ___________________ Rent/Mtg amt: ________________________________

Name of Landlord/Mortgagee: __________________________________________ Phone #. ________________________________

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

Tenant A Name: __________________________ Current Employer: _____________________________ Phone No. _____________

Address: _____________________________________________________________________________________________ Position___________________________

Supervisors Name_______________________________ Employed From_________________ To____________________

Reason for Leaving______________________________________________________________

Tenant A Name: __________________________ Previous Employer: _____________________________ Phone No. _____________

Address: _____________________________________________________________________________________________ Position___________________________

Supervisors Name_______________________________ Employed From_________________ To____________________

Reason for Leaving______________________________________________________________

Tenant B Name: __________________________ Current Employer: _____________________________ Phone No. _____________

Address: _____________________________________________________________________________________________ Position___________________________

Supervisors Name_______________________________ Employed From_________________ To____________________

Reason for Leaving______________________________________________________________

Tenant B Name: __________________________ Previous Employer: _____________________________ Phone No. _____________

Address: _____________________________________________________________________________________________ Position___________________________

Supervisors Name_______________________________ Employed From_________________ To____________________

Reason for Leaving______________________________________________________________


RESIDENTIAL SCREENING AUTHORIZATION

BEFORE signing below I give FULL AUTHORIZATION to obtain my Credit Report, Criminal History Record and Eviction Record and permission to verify the information stated on the application forms.

Terminations of Lease Agreement: Violation of Rules and Regulations

Violation of Rules and Regulations can be fined and/or lead to eviction and termination of lease agreement. Any criminal or felony charges committed during your lease term as a resident of Thousand Oaks may result in immediate Termination of lease agreement.

All adult occupants must complete this form: Use additional sheets as necessary.

Print Full Name: ______________________________________________________

Current Address: ______________________________________________________

Social Security #: ___________________________ DOB: ______________

Monthly Income____________ Monthly rent on lease ____________

Signature: __________________________ Date: __________

Print Full Name: ______________________________________________________

Current Address: ______________________________________________________

Social Security #: ___________________________ DOB: ______________

Monthly Income____________ Monthly rent on lease ____________

Signature: __________________________ Date: __________
Resident Parking Bar Codes

Tenent Name

Unit Address: __________________________________________________________

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1. Decals will be applied to the vehicle at the guardhouse. NO decals will be issued to individuals. Once applied, decals are not permitted to be removed or re-attached to other vehicles. Tenant decals will expire upon lease termination date. All Tenant information is to be verified with Property Manager. Each bar code will be available at the cost of $35.00. Maximum of (4) per household. Please attach a copy of the vehicle’s registration document for each vehicle.

2. Decals are for owners and tenants ONLY. They are NOT to be issued to visitors, vendors, or any other entity that is not an owner or tenant within Thousand Oaks, unless agreed upon by the majority vote at an HOA meeting.

3. Please be advised that any owners who are delinquent in their HOA assessments will not be issued Bar Codes until their assessments are brought up to date by the owner.

4. Please be advised that all tenants must be approved by the Screening Committee of Thousand Oaks and any tenants that have not been screened will be refused Bar Codes. Homeowners with tenants must inform the Property Manager’s office that they are renting their property to enable the Property Manager to confirm their legal residency within Thousand Oaks.
Pet Registration Information

Type of Pet (circle one): **Dog, ** Cat, Bird, Other

Specify: ___________________________

**Breed: ___________________________

Pet’s Name________________________

Pet’s Age__________________________

Pet’s Weight: _______________________

Pet’s License / Tag Number: ________________

I am aware of the Thousand Oaks at Congress Master Association Inc.; rules, regulations and restrictions regarding pets on the property and I fully agree to adhere to all. The American Pit Bull, Stafford Bull Terrier, American Staffordshire Terrier, any cross mix amongst these breeds, and any other dog or pet deemed to be a threat to the safety of the occupants of Thousand Oaks by the Board of Directors (with reasonable determination) will not be permitted on the property.

PET OWNER’S NAME:

_________________________     _____________________

Print                        Signature

_________________________

Date