



LEASE/SALE APPLICATION

To ensure that your application is processed please remit the following:
Application with all fields completed and signed by applicant(s)

LEASE:

\$50.00 Non-refundable fee made payable to Palma del Mar #5. Check or money order only. An executed copy of the lease. ***Applicant(s) may not take possession of the unit until approval is granted by the Board of Directors.***

SALE:

\$100.00 Non-refundable fee made payable to Palma del Mar #5. Check or money order only. Back ground is required and a copy of the sale contract.

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***Mail check, application, and additional material to:
Palma Del Mar # 5 Condominium Association, Inc.***

*C/o Resource Property Management
5901 Sun Blvd., Suite 103 St. Petersburg, FL 33715
Phone (727) 864-0004, Fax (727) 866-7002*

Application Type (please check) Sale Lease Renewal

UNLESS OWNERSHIP WAS TRANSFERRED TO A FAMILY MEMBER – OWNERS MAY NOT RENT OR LEASE THEIR UNIT FOR THE FIRST ONE YEAR OF OWNERSHIP

Unit Number: Unit Address: _____

Current Owner(s)/Landlord _____

Phone _____ Email _____

Realtor: _____

Closing Date _____ Title Company _____ Phone _____

Will new-owner live in unit: (Check one) Full time Part-time

For leases, have tenant(s) resided in Palma 5 previously? Yes No

If yes, please list Bldg, Unit and Date(s) _____

Rental Occupancy Dates From _____ To _____

Applicant's Full Legal Name _____

Current Address _____

City _____ State/Province _____ Postal Code _____

Phone _____ Alt Phone _____

Gender Male Female Birthdate Month _____ Day _____ Year _____

(Check One) Driver's License US Photo ID

Number _____ State/Province Issued _____

Email Address _____

Employer _____ Phone _____

Additional Applicant's Full Legal Name _____

Current Address _____

City _____ State/Province _____ Postal Code _____

Phone _____ Alt Phone _____

Gender Male Female Birthdate Month _____ Day _____ Year _____

(Check One) Driver's License US Photo ID

Number _____ State/Province Issued _____

Email Address _____

Employer _____ Phone _____

Additional occupants that will reside in the unit (Any occupant 18 and above must complete application)

Name _____ Birthdate _____

Name _____ Birthdate _____

Automobile Make _____ Tag _____

Automobile Make _____ Tag _____

Emergency Contact

Name _____ Phone _____

Name _____ Phone _____

Pet Information (Proof of current vaccination for your pet is required with application) See governing documents for pet restrictions

Dog Number _____ Gender _____ Breed _____ Weight at Maturity _____

Cat Number _____ Gender _____ Breed _____ Weight at Maturity _____

ACKNOWLEDGEMENT OF RECEIPT OF RULES AND REGULATIONS

PURCHASER states that he/she has received a copy of the condominium documents, including the Declaration of Condominium, the Articles of Incorporation, By-laws and Rules and Regulations and that he/she has read these documents, understands their content and agrees to abide by all of the conditions and terms therein, and all reasonable rules and regulations enacted thereafter officially by the Association.

Purchaser (Signature) _____ Date _____ Purchaser (Signature) _____ Date _____

RENTER states that he/she has received a copy of the Association's Rules and Regulations and that he/she has read these documents, understands their content and agrees to abide by all of the conditions and terms therein, and all reasonable future rules and regulations officially enacted by the Association.

Renter (Signature) _____ Date _____ Renter (Signature) _____ Date _____

APPLICANT DISCLOSURE AGREEMENT

Applicants) represents that the information provided herein is true and correct and hereby consents and Authorizes, by signature, the release of public records, credit report, employment verification, rental or lease

information, whether by fax, verbal, photo copy or original signature, to the Association's-Board of Directors or its agent now or in the future.

Applicant (Signature) _____ Date _____ Applicant (Signature) _____ Date _____

NOTICE OF FINANCIAL OBLIGATIONS (SALES ONLY)

This approval is subject to all financial obligations to the Association including, but not limited to, Maintenance fees, late charges, special assessments, legal fees and application fees having been paid in full at the time of occupancy.

Applicant (Signature) _____ Date _____ Applicant (Signature) _____ Date _____

Palma Del Mar Board of Director's Determination

Approve

Disapprove

Date

On behalf of the Board:



New Owner Electronic Notification

As a cost saving measure it is the preference of the Palma del Mar 5 Board of Directors to send official Community communications via email. Providing a current email address benefits owners by also receiving the newsletter, notifications and activity announcements.

Please complete the following information and return to:

Resource Property Management, 5901 Sun Blvd., Suite 103, St. Petersburg, FL 33715, or scan and email to palmadelmar5@gmail.com

Unit #: _____

Name of ALL Owner(s) as on the Warranty Deed:

Preferred Phone number: _____

Owner Cell Phone number: _____

Email Address _____

BELOW YOU GIVE PERMISSION TO RECEIVE ALL OFFICIAL COMMUNITY COMMUNICATION BY EMAIL

Yes, I approve to receive all official Community communications by email.

No, I want to receive all official Community communications by U.S. mail

All Owner's Signature

DATE

DATE _____ CUSTOMER NUMBER _____

BACKGROUND FORM

I / We _____ prospective,
 tenant(s) / buyer(s) for property located at _____,
 Managed by _____ Owned by _____,

Hereby allow TENANT CHECK, and or the property owner/manager to inquire into my/our credit file, criminal, rental history as well as any other personal record, to obtain information for use in processing of this application. I / we understand that on my /our credit file it will appear the TENANT CHECK has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK now or in the future.

BUYER/TENANT:			SPOUSE / ROOMMATE:		
SINGLE	MARRIED		SINGLE	MARRIED	
SOCIAL SECURITY #:			SOCIAL SECURITY #:		
FULL NAME:			FULL NAME:		
DATE OF BIRTH:			DATE OF BIRTH:		
DRIVER LICENSE#:			DRIVER LICENSE#:		
CURRENT ADDRESS:			CURRENT ADDRESS:		
HOW LONG?			HOW LONG?		
LANDLORD & PHONE:			LANDLORD & PHONE:		
PREVIOUS ADDRESS:			PREVIOUS ADDRESS:		
HOW LONG?			HOW LONG?		
EMPLOYER:			EMPLOYER:		
OCCUPATION:			OCCUPATION:		
GROSS MONTHLY INCOME:			GROSS MONTHLY INCOME:		
LENGTH OF EMPLOYMENT:			LENGTH OF EMPLOYMENT:		
WORK PHONE NUMBER:			WORK PHONE NUMBER:		
HAVE YOU EVER BEEN ARRESTED? (CHECK ONE) YES NO			HAVE YOU EVER BEEN ARRESTED? (CHECK ONE) YES NO		
HAVE YOU EVER BEEN EVICTED? (CHECK ONE) YES NO			HAVE YOU EVER BEEN EVICTED? (CHECK ONE) YES NO		
SIGNATURE:			SIGNATURE:		
PHONE NUMBER:			PHONE NUMBER:		

IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES / MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS

FEDERAL LAW REQUIRES THE END USER TO MAINTAIN THIS FORM FOR A PERIOD OF FIVE YEARS (tenant check application rev. 08/2008)

Mail to: Resource Property Management, 5901 Sun Blvd. Suite 103, St. Petersburg, FL 33715, 727-864-0004