

IMPORTANT APPLICATION AND SCREENING INFORMATION:

A non-refundable fee of \$100 per applicant is required. Checks are made payable to **Avid Property Management**. Married couples with minor children constitute one application. Roommates and family members who are older than 18 require a separate application and fee.

The following information must be submitted with your Application:

- A copy of a Driver’s License (picture must be recognizable)
- Copy of lease with provision allowing Association to evict tenant for non-compliance of rules.
- SSN card or an item like a pay stub associating your SSN# with your name.
- Proof of legal entry if you are not a United States citizen. Non-resident aliens may not rent longer than their visa.

If you have any questions, ask first prior to paying your application fee.

The Board has 30 days to qualify your transfer prior to you moving in and may invoke a fine should this occur. In addition, a fine of no more than \$100 per day, maximum of \$1000 may be assessed for moving in prior to providing the association with a completed, truthful, signed application, and payment of the transfer fee. Fines may also be imposed for other violations of the governing documents.

The 30 days does not begin until the Association has the following:

- A completed application on each person over the age of 18, required to provide one.
- A screening fee for each person over the age of 18, required to provide one.
- The Association will return either by mail or in person incomplete applications, applications without fees, and fees without applications. The qualification process requires a background check.

Qualification can be affected by the following factors:

(Note if these apply to you, disclose them upfront, prior to paying your application fee. **)**

- A criminal background
- Events, arrests, a history of incidents that would preclude you from possibly being a good neighbor and living closely to other people (separated only by a wall). For example, recurring incidents of loud music, spousal disagreements or noise at late hours.
- Incidents of non-payment of rents, foreclosures, evictions
- False and/or misleading information on your application.

*****For Avid Use Only*****

Received By:	Date:	Delivered: <input type="checkbox"/> In Person <input type="checkbox"/> By Mail
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Mail or Drop off In Person to:

**Hidden Oaks of Hillsborough
C/O Avid Property Management
2906 Busch Lake Blvd
Tampa, FL 33614**

LEASE / SALE INFORMATION FORM

APPLICATION IS TO: LEASE PURCHASE (PLEASE CHECK ONE)

PAYOR _____ Check # _____ UNIT# _____

ADDRESS TO BE OCCUPIED: _____

APPLICANT'S NAME: _____ DOB: _____ SSN: ____-____-_____

HOME NUMBER: _____ CELL NUMBER: _____

CO-APPLICANT: _____ DOB: _____ SSN: ____-____-_____

HOME NUMBER: _____ CELL NUMBER: _____

Children, other family members, and roommates over the age of 18 **MUST** submit a separate application.

OWNER'S NAME/ADDRESS/PHONE _____

Association living may not be for everyone. Those who have selected this community as their home expect all persons to reasonably try to abide by the rules and regulations. Accordingly, those persons with prior evictions, felonies, arrests, and/or any history of violence, drug related offenses, or un-neighborly behavior, may not be permitted residency to this community. Other acts that are grounds for disqualification include falsified information provided on the application.

Have any of the applicants (or your children if they are to reside in the unit, or be a guest in this community) been arrested or convicted of any crime within the last 10 years? If yes, please provide details such as city, state, county, and arresting agency (police department or sheriff's office). Write on back if more room is needed.

Have any of the applicants been charged on a civil or criminal basis for acts of violence such as spousal abuse, assault, and battery or any other physical crime such as vandalism that did not result in arrest? If yes, provide details such as city, state, county, and arresting authority (police department or sheriff's office). Write on back if more room is needed.

Are any of the applicants (or your children if they are to reside in the unit, or be a guest in this community) on parole or probation? If yes, please provide details such as city, state, county, and arresting agency (police department or sheriff's office). Write on back if more room is needed.

Have any of the applicants been evicted from their home in the last 5 years? If yes, please provide details such as city, state, county, and landlord information.

We require that this application be completed for all jobs on both the applicant and their spouse for the **last three (3) years**. Write on the back of the application if you need more room. Failure to provide accurate information is grounds for disqualification for lease or purchase.

APPLICANT

CURRENT EMPLOYER: _____ PHONE NUMBER: _____

EMPLOYER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOW LONG? _____ MONTHS YEARS

PREVIOUS EMPLOYER: _____ PHONE NUMBER: _____

EMPLOYER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOW LONG? _____ MONTHS YEARS

SPOUSE/CO-APPLICANT

CURRENT EMPLOYER: _____ PHONE NUMBER: _____

EMPLOYER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOW LONG? _____ MONTHS YEARS

PREVIOUS EMPLOYER: _____ PHONE NUMBER: _____

EMPLOYER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOW LONG? _____ MONTHS YEARS

We require complete residence information for the last (3) three years. Please write on back if you need more room. **Provide this information for all parties residing in unit.** In the case of a recent marriage or roommate arrangement agreement, complete a separate application on each party. **Failure to provide accurate information is grounds for disqualification as Lessee or Purchaser.** If you are unable to remember exact address, City, County, Street, and State is acceptable.

CURRENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ HOW LONG? _____ MONTHS YEARS

PREVIOUS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ HOW LONG? _____ MONTHS YEARS

LANDLORD'S NAME: _____ PHONE: _____

LANDLORD'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

I understand that as a purchaser/lessee, I have received and read a copy of the rules and regulations, covenants, conditions and restrictions of the association, and agree to be bound by these association documents. As a purchaser, I have received a full set of the condo documents as a condition of sale. I further understand that the unit owner is responsible for any damages and/or infractions of association rules cause by the lessees, their children, guests, visitors or pets. I further understand that this unit is to be used as a single-family residence only. Be advised that the \$100.00 application fee may go toward a credit/public records and/or criminal background investigation. By signing this application, you are agreeing that this information may be made available to the Association and Owner of the unit in their determination of your residency at this association.

APPLICANT(S) SIGNATURES

Signature of Applicant: _____

Date: _____

Signature of Applicant: _____

Date: _____

Signature of Seller/Lessor/Agent: _____

Date: _____

QAULIFIED/DISQUALIFIED by: _____

Date: _____