

Boca Heights Property Owners Association, Inc. d/b/a Tudor Woods

PURCHASE/RENTAL INFORMATION INSTRUCTIONS:

This application is subject to approval. Fill out the attached Purchase/Rental Information Form and submit to:

BOCA HEIGHTS PROPERTY OWNERS ASSOCIATION
c/o Allied Property Management Group
1711 Worthington Rd. Ste 103
West Palm Beach, FL 33409

- 1) _____ **PURCHASES ONLY** – No application fee required at this time.
- 2) _____ **RENTALS ONLY:**
 - ✓ A non-refundable application fee in the form of money order or cashier's check in the amount of \$100.00 (per applicant, 18 years of age or older) made payable to: **ALLIED PROPERTY MANAGEMENT GROUP, INC.** Married couples eligible to only \$100 fee (marriage certificate may be requested).
 - ✓ Rental Security Deposit of \$1000.00 or 1 month's rent ***whichever is greater*** made payable to **Boca Heights Property Owners Association, Inc.** **Please Note: this must be paid by LANDLORD.** If paid previously, Proof of payment is required with submission of this application.
- 3) _____ Legible copy of each applicant's valid DL or government issued picture ID for everyone (18 years of age or older) who intends to live at this address.
- 4) _____ Signed APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION form.
- 5) _____ Executed copy Purchase Agreement or Signed Lease Agreement.

Please note: applications must be turned in complete. All must check / initial next to each item above to ensure you are submitting all required documentation prior to mailing or dropping off.

***PLEASE do not schedule closing or occupy until you have been approved by the board and issued a certificate**

Applicant(s) will be contacted once the board has made a decision. If you have not heard anything after 14 days, you may follow up via email to: Applications@alliedpmg.com Please include the following subject line (BOC/ Applicants L.Name – Property address) in your email(s).

I/We declare the above information to be true and correct. I/We authorize the landlord, or agent(s) to verify and obtain a consumer credit report.

I/We agree to abide by the Rules and Regulations of the Association.

APPLICANT'S Signature/Date

CO-APPLICANT'S Signature/Date

**Boca Heights Property Owners Association, Inc. d/b/a Tudor Woods
Rental Application**

Today's Date: _____ (APMG) Received Date: _____

Name of Tudor Woods Member/Landlord(s): _____

Property Address: _____
(Address of home to be rented at Tudor Woods)

Landlord's mailing address: _____

Landlord's Phone #'s:	PO Box/ Street/Apt. #	City	State	Zip
_____	_____ / _____	_____	_____ / _____	_____
	(Home)	(Work)		(Cell)

Term of Lease: _____ (1 year min.) Desired Move-in Date: _____

Applicant's information for Background check and Association files. (all adults living at this address must be listed as applicants)

Applicants Name: _____ SSI # _____ Date of Birth ____ / ____ / ____

Co-applicant: _____ SSI # _____ Date of Birth ____ / ____ / ____

OTHER PERSONS WHO WILL OCCUPY THE UNIT WITH YOU: (Please note: DL required for anyone 18 YOA & over)

NAME: _____ AGE: _____ RELATIONSHIP: _____

NAME: _____ AGE: _____ RELATIONSHIP: _____

NAME: _____ AGE: _____ RELATIONSHIP: _____

Present Address: _____

Contact Information: (Phn): _____ (E-mail): _____

Present Landlord _____ (Name) _____ (Phone #)

Please enter employer information for each applicant (all adults living at this address must be listed as applicants)

Current Employer _____ (Company) _____ (Address) _____ (Phone)

Current Employer _____ (Company) _____ (Address) _____ (Phone)

Applicant's DL # _____ State Issued _____ Exp. Date _____

Co-Applicant's DL # _____ State Issued _____ Exp. Date _____

In case of Emergency contact: _____ Phone#: _____

I hereby authorize Allied Property Management Group, Inc. to submit the information I have given for verification and I specifically authorize Allied Property Management Group, Inc. to contact the employers, landlords, banks and police for any police records and other credit references which I have listed above for the purpose of verifying the information furnished by me in the application.

Applicant's signature: _____

Co-Applicant's signature: _____



APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that **Allied Property Management Group, Inc.**, may now, or any time while I am renting, conduct a verification of my current and previous tenant history, current and previous employment, credit history, contact personal references, and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the Tenant requirements. The results of this verification process will be used to determine tenant eligibility under **Allied Property Management Group, Inc.**, tenant policies.

I authorize **Background Info USA** and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative **Allied Property Management Group, Inc.**

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, current and former landlords and other organizations and Agencies to provide **Background Info USA** with all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

Applicant Signature

Printed Name

Co-Applicant Signature

Printed Name

Co-Applicant Signature

Printed Name

Date: ____ / ____ / ____
MM DD YYYY