

THE ADMIRAL OWNER'S ASSOCIATION, INC.
8750 S. OCEAN DRIVE
JENSEN BEACH, FL 34957
OFFICE: 772-229-3305 FAX: 772-229-3716
EMAIL: ADMIRAL8750@COMCAST.NET

APPLICATION FOR APPROVAL OF SALE/LEASE

All applications are conditioned upon approval by the Admiral Owners Association, Inc. Please allow **THIRTY (30) DAYS, AFTER RECEIPT** (not date of Application) of properly executed documents, for processing. An in-person orientation is required.

Application for Approval of Sale – This application, must be completed in full by each BUYER. Attach a properly executed and signed “Real Estate Sales Agreement”. All buyers must complete orientation before Certificate of Approval will be issued.

Application for Approval to Lease - This application, completed in full by each LESSEE Over 18 years of age, must be accompanied by a properly executed and signed “Lease Agreement”.

PETS- Pets are NOT allowed to reside in or visit the Admiral building or occupy ASSOCIATION property, except to the extent required by law.

Occupancy Limitation- The total number of people allowed to occupy a unit overnight, or to use ASSOCIATION facilities is limited to six (6) persons per two-bedroom unit and eight (8) persons per three-bedroom unit.

SALE OR LEASE APPROVAL – ALSO INCLUDE THE FOLLOWING:

1. SALE & LEASE – Attach a check for One Hundred and Fifty Dollars (\$150.00) made payable to: *Admiral Owners Association, Inc.* for application fee.
2. LEASE – Attach a check for One Thousand Dollars (\$1,000) made payable to: *Admiral Owners Association, Inc.* for Security Deposit to be held against damaging the common areas. All Lessees must complete orientation within seventy-two (72) hours of lease commencement date.

CURRENT UNIT OWNER NAME(S) – PLEASE PRINT _____

LEASE – Date Beginning _____ **Date Ending** _____

*PLEASE NOTE: Three (3) Month Minimum Lease

SALE – Expected Closing Date _____

Name of Closing/ Leasing Agent _____

Phone _____ **Email** _____

Address _____

STREET CITY STATE ZIP

Name of Closing Attorney/ Title Agent _____

Phone _____ **Email** _____

Address _____

STREET CITY STATE ZIP

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BUYER/LESSEE APPLICANT # 1

PERSONAL INFORMATION

Full Name _____
 First Middle Last

Present Address _____
 Street City State Zip

Date of Birth _____ Driver's License State _____ License # _____

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Email _____

List All Former Full Names and Dates Used _____

WORK INFORMATION

Present Employer Name _____ Employer Phone Number _____

Present Employer Address _____
 Street City State Zip

Emergency Contact _____ Relationship _____

Relative Reference _____

Non-Relative Reference _____

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BUYER/LESSEE APPLICANT # 2

PERSONAL INFORMATION

Full Name _____
First Middle Last

Present Address _____
Street City State Zip

Date of Birth _____ Driver's License State _____ License # _____

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Email _____

List All Former Full Names and Dates Used _____

WORK INFORMATION

Present Employer Name _____ Employer Phone Number _____

Present Employer Address _____
Street City State Zip

Emergency Contact _____ Relationship _____

Relative Reference _____

Non-Relative Reference _____

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Automobile Information – MUST CONFORM TO OUR DECLARATION

1. _____
Make Model Year Color

State Registered _____ License Plate Number _____

2. _____
Make Model Year Color

State Registered _____ License Plate Number _____

3. _____
Make Model Year Color

State Registered _____ License Plate Number _____

ABSOLUTLEY NO PETS. THE ADMIRAL IS A PET FREE BUILDING.

Will The Admiral Be Your Full Time Address? Yes ____ No ____

Are You Currently Leasing? Yes ____ No ____

Present Landlord's Name _____ Phone Number ____ - ____ - _____

How Long At Current Address? _____

Rent Up To Date? Yes ____ No ____ Have You Given Notice? Yes ____ No ____

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Other Individuals That Will Be Occupying Premises

Full Name _____ DOB _____ Relationship _____

Full Name _____ DOB _____ Relationship _____

Full Name _____ DOB _____ Relationship _____

Full Name _____ DOB _____ Relationship _____

Are you or any other proposed occupant(s) of this unit designated as a "Sexually Oriented Offender", "Habitual Sex Offender", or "Sexual Predator"?

Yes ___ No ___ State Registered or Convicted _____

I, THE UNDERSIGNED APPLICANT, DO HERBY CERTIFY THAT I HAVE READ, ACCEPTED, AND AGREED TO ABIDE BY THE ADMIRAL OWNERS ASSOCIATION DOCUMENTS, RULES AND REGULATIONS, AND CONTRACTOR'S RULES AND FORM. THE APPLICANT WARRENTS THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE.

APPLICANT # 1 SIGNATURE _____

APPLICANT # 2 SIGNATURE _____

FOR MANAGEMENT USE ONLY		
APPLICATION FEE PAID: YES ___ NO ___	AMOUNT \$ _____	CHECK # _____ DATE _____
OFFICE USE ONLY: ___ ACCEPTED ___ REJECTED		
SIGNATURE _____	DATE _____	

Admiral Rules and Regulations Acknowledgement

I, _____, hereby acknowledge that I have received The Admiral Rules and Regulations, Revised 8/24/2022.

Signed _____ Date _____

*Please return this page to the office with the application.

ADVANTAGE PROPERTY MANAGEMENT

ASSOCIATION: _____

PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

_____	_____	_____	_____-_____-_____	____/____/____
Last Name	First Name	Middle Name	Social Security Number	Date of Birth
_____		_____		_____
Other Name(s) Maiden/Married		Driver's License Number		State

Email Address				

Date of Birth ____/____/____	Telephone (____) _____
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DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Advantage Property Management ("the Company") may obtain a "consumer report" about you from a consumer reporting agency for employment purposes. A "consumer" report is a background screening report that may contain information regarding your criminal history, driving history, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish SentryLink with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Signature: _____ Date: _____

Printed Name: _____

* Sales only *

INSTRUCTIONS:

- 1 -All applicants are processed as separate investigations.
- 2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
- 4 -Missing information will cause delays in processing your application.
- 5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6- Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use Black Ink)

Purchase _____ or Lease _____ (How long)

Apt. No. _____ Bldg No. _____ Special Address or Unit _____

Date _____ 20 _____ Desired date of occupancy _____

Applicant #1 (Mr./Mrs. /Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Alien, Green Card, Social Insurance No.)

Applicant #2 (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Alien, Green Card, Social Insurance No.)

Email Address: _____ Maiden Name _____

Number of expected occupants. (Over age 18) _____ (Under 18) _____

Names & ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.) _____

In case of emergency notify: _____
Name Address Telephone

PRINT OR TYPE (Use Black Ink)

RESIDENCE HISTORY

A. Present Address _____ Phone (____) _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Landlord Email Address: _____

Address _____ Mtg. No. _____

B. Previous Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Landlord Email Address: _____

Address _____ Mtg. No. _____

C. Prior Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

Landlord Email Address: _____

(Continued on Back)

PRINT OR TYPE (Use Black Ink)

EMPLOYMENT REFERENCES

A. Applicant #1
Employed By (Business Name) _____ Phone (____) _____
(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

B. Applicant #2
Employed by (Business Name) _____ Phone (____) _____
(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

INTERNATIONAL APPLICANTS ONLY

Mother's Full Name, including Maiden Name (Applicant #1) _____

Mother's Full Name, including Maiden Name (Applicant #2) _____

(Continued on Back)

PRINT OR TYPE (Use Black Ink)

BANK REFERENCES

C. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

D. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

CHARACTER REFERENCES

1. _____
Name Address Phone (Residential & Office)

Email Address: _____

2. _____
Name Address Phone (Residential & Office)

Email Address: _____

3. _____
Name Address Phone (Residential & Office)

Email Address: _____

VEHICLE INFORMATION

Driver's License. No. #1 _____ #2 _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Applicant Information, may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____ Applicant #1 Signature _____ Applicant #2

Date _____ Date _____

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure Authorization Form is completed as indicated.

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____ ("the Company") may obtain information about you from a consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security trace, employment and education references, credit history, professional licenses and credentials. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is an investigation into your rental performance history conducted by Applicant Information, 2525 Hollywood Blvd; Hollywood, Florida 33020, Phone: 800-315-8606, Fax: 866-741-3258, or another outside organization. This Disclosure and Authorization allows the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if approved for residency, throughout the course of your tenancy to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Massachusetts, Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Printed Name: _____
Applicant #1

Signature: _____ **Date:** _____

DISCLOSURE AND AUTHORIZATION
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]
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Massachusetts, Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Printed Name: _____ **Applicant #2**

Signature: _____ **Date:** _____