

***APPLICATION PACKAGE FOR:
Oak Hammock Homeowners Association, Inc.
P.O. Box 23253
Fort Lauderdale, FL 33307***

A unit owner intending to sell, or lease their unit, shall give to the Association notice of the intention to sell, or lease his unit, together with the name, and home address, of the intended purchaser/lessee. It is understood, all application must be submitted with the consent of the unit owner. Consent may be verbal or in writing.

All Real Estate Agents must check for proper identification of applicant(s) before submitting application.

Each application must be filled out completely and accompanied by:

1. A non-refundable check for \$ 100.00 per person for single individuals payable to Oak Hammock Homeowners Association, Inc.
2. Most recent copy of a pay stub.
3. A copy of the contract or lease.
4. A copy of a current driver's license or other state issued identification.

If there is more than one applicant to purchase or lease said unit, each one must complete the process, and must pay the \$100.00 non-refundable fee. The only exception is for legally married couples, with documentation, they will pay a \$100.00 fee however, residences before marriage, and wife's maiden name must be noted on the application.

If and when any discrepancies on an application are noted, the Board reserves the right to require further documentation from the applicants. All appropriate areas must be signed.

Only original applications are accepted (no faxed copies). Any misrepresentation on an application may automatically cause denial.

The Board of Directors has up to 15 days after all requested documentation is presented and screening report has been completed, to schedule an interview with applicant(s). Approval or disapproval will be given within 48 hours after said interview.

NO ONE MOVES IN TO ANY UNIT UNTIL COMPLETE APPROVAL PROCESS IS COMPLETED. NO EXCEPTIONS!

Applicant/s: By signing below you acknowledge that you have read all of the application

instructions and understand all of the above.

Applicant #1 Signature

Date

Applicant #1 Printed Name

Applicant #2 Signature

Applicant #2 Printed Name

Addendum to Lease / Purchase Application

Have you or any member of your household ever been convicted of, or pleaded guilty or "no contest" to a felony or common-law crime (whether or not resulting in a conviction) within the past fifteen years?

YES _____ NO _____

Have you or any member of your household ever been convicted of, or pleaded guilty or "no contest" to a sexual offense (whether or not resulting in a conviction)?

YES _____ NO _____

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE ASSOCIATION TO VERIFY THIS INFORMATION THROUGH ANY SOURCE THAT IT DEEMS APPROPRIATE. ANY FALSE STATEMENT ON THIS APPLICATION CAN LEAD TO REJECTION OF YOUR APPLICATION.

REFUSAL TO SIGN THIS ADDENDUM WILL RESULT IN REJECTION OF YOUR APPLICATION.

Applicant #1 Signature

Date

Applicant #1 Printed Name

Applicant #2 Signature

Date

Applicant #2 Printed Name

Oak Hammock Homeowners Association, Inc.
P.O. Box 23253
Fort Lauderdale, Florida 33307

UNIT # _____

I _____, acknowledge that I have received the Oak Hammock Homeowners Association Rules and Regulations and do hereby agree to follow and obey these rules and regulations.

Applicant #1 Signature

Date

Applicant #1 Printed Name

Applicant #2 Signature

Date

Applicant #2 Printed Name

NOTE: Complete all questions and fill in all blanks. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly or type all information. Missing information will cause delays. All information on this application will be verified.

PLEASE USE BLACK INK

THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY!

APPLICATION FOR OCCUPANCY

Client: Oak Hammock HOA

NOTE: All information supplied is subject to verification. All telephone numbers must be able to be reached between 9-5 P.M. Date _____

Purchase _____ Lease _____ Apt. _____ Bldg. No. _____ Property Address: _____

Full Name _____ Date of Birth _____ Social Security # _____

() Single () Married () Separated () Divorced - How Long _____ Maiden Name _____

Have you ever been convicted of a crime _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Spouse _____ Date of Birth _____ Social Security # _____

Maiden Name _____ Have you ever been convicted of a crime _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

No. of people who will occupy unit – Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

Applicant(s) Cellular Telephone Number _____ Applicant(s) Email Address _____

In case of emergency notify _____ Address _____ Phone _____

PART I – RESIDENCE HISTORY

PLEASE PRINT FULL ADDRESS, INCLUDING UNIT/APT NUMBER, CITY, STATE & ZIP CODE

A. Present address _____ Phone _____

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home _____ Parent/Family Member _____ Rented Home _____ Rented Apt _____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

B. Previous address _____ Phone _____

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home _____ Parent/Family Member _____ Rented Home _____ Rented Apt _____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

C. Previous address _____ Phone _____

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home _____ Parent/Family Member _____ Rented Home _____ Rented Apt _____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

PART II – EMPLOYMENT REFERENCES

Include a recent copy of an earnings statement to expedite processing

A. Employed by _____ Phone _____
Dates of Employment: From: _____ To: _____ Position _____ Fax _____
Monthly Gross Income _____ Address _____

B. Spouse Employed by _____ Phone _____
Dates of Employment: From: _____ To: _____ Position _____ Fax _____
Monthly Gross Income _____ Address _____

PART III – BANK REFERENCES

Include a recent copy of a bank statement to expedite processing

A. Bank Name _____ Checking Acct. # _____ Phone _____
Address _____ Fax _____

B. Bank Name _____ Savings Acct. # _____ Phone _____
Address _____ Fax _____

PART IV – CHARACTER REFERENCES (No Family Members)

Please notify Character References that we will be contacting them to obtain a reference

1. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____

2. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____

3. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____

4. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____

Driver's License Number (Primary Applicant) _____ State Issued _____

Driver's License Number (Secondary Applicant) _____ State Issued _____

Make _____ Type _____ Year _____ License Plate No. _____

Make _____ Type _____ Year _____ License Plate No. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (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 and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

8795 West McNab Road, First Floor, Tamarac, Florida 33321

www.associatedcreditreporting.com

Phone: 954-543-9400

Toll Free: 800-676-7640

Fax: 954-543-9411

Toll Free Fax: 800-235-7185

APPLICANTS: Most banks, financial institutions, mortgage companies and employers require your signature and name printed to verify information. Please complete the form below: Thank you.

AUTHORIZATION FORM

You are hereby authorized to release to any and all information requested with regards to verification of my bank account (s), credit history, residential history, criminal record history, employment verification and character references to **Associated Credit Reporting, Inc.** This information is to be used for my/our credit report for my/our Application for Occupancy.

I/We hereby waive any privileges I/We may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is for the exclusive use of the association for residential screening purposes only

PLEASE INCLUDE COPY OF DRIVER'S LICENSE and SOCIAL SECURITY CARD TO CONFIRM IDENTITY. If you do not have a Social Security Card, please include a copy of your Passport or current identification card.

Please notify your Landlord(s), Employer(s), and Character References that we will be contacting them to obtain a reference pursuant to your application.

I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper signature.

I/We certify under penalty of perjury that the foregoing is true and correct.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

NOTE TO APPLICANTS: Banks and some employers require your signature and name printed as authorization to verify information. If it is not your bank or employer's policy to verify by fax or verbally-please enclose a copy of your most recent bank statement and check stub. Thank You!

OAK HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Resident Emergency Contact Information

Date	Unit #	Owner Tenant Roommate
Occupant Name		
Home Phone #	Work Phone #	Cell Phone #
Emergency Contact		Contact Phone #
Relationship to Contact		
	Vehicle Information	
Make	Model	Color
Year	License Plate #	State
Email Address:		