

Obelisk Management Group LLC

10181 NW 53rd Street
Sunrise Florida 33351
954.278.896

Residential Lease Occupancy Application

Community of _____

Each adult prospective resident must complete an application in full. Applications will be returned unprocessed and/or not approved if any question is left unanswered. If something does Not Apply, please either strike through the blank space(s) or write N/A. Please be sure to print clearly or type. The following documents are to be submitted with a completed application Account and telephone number(s) and complete addresses are required. Missing information will cause delays in processing your application.

Only the applicant(s) is authorized to sign all forms.

Return completed forms to
Obelisk Management Group, LLC
PO Box 25354,
Tamarac, FL 33320
Contact Management with Questions
Tel: 954.278.8926
services@obeliskmgmtgroup.com

Today's Date: _____ Desired date of Occupancy: _____

Rental Unit Address: _____

Applicant Full Name _____

Applicant Cell phone & Email _____

Co-Applicants Full Name _____

Applicant Cell phone & Email _____

Name of Realtor: _____

Cell phone & e-mail of realtor: _____

By submitting this application packet, I/we agree that all persons who use the unit are required to abide by the restrictions of the governing Florida Statutes, By-Laws, Declaration of Condominium, Articles of Incorporation, Rules and Regulations, or any restrictions which the association may adopt in the future. I/we understand, an investigation of my background will be conducted and used to approve/deny the application. I/we understand that approval is conditional upon the truth and accuracy of this application and that any misrepresentation, or omission of information may result in the application being denied. Occupancy, or any use of the unit, prior to approval is prohibited.

Applicant Signature _____ Date: _____

Co-Applicant Signature _____ Date: _____

Applicant(s) must initial each line indicating the required documentation listed is enclosed.

- _____ **\$150 non-refundable processing fee** per applicant/occupant aged 18 or over (**\$150 per married couple**) Cash or money order only made payable to: **Obelisk Management Group, LLC.**
- _____ Fully Executed Lease Contract.
- _____ **\$150 Renter deposit** made payable to the Association.
- _____ Last three (3) Months bank statement.
- _____ Last three (3) pay stubs or proof of income, such as pensions and/or social security benefits.
- _____ Copy of driver's license / ID for all applicants.
- _____ Copy of current registration for all vehicles parked on property.
- _____ Application for Occupancy Form
(Copy of marriage certificate required if married with different last names)
- _____ Acknowledgement Pages – must be signed by All applicants.
- _____ Pet Verification Form – must be signed by All Applicants.
- _____ Rules and Regulations Acknowledgement Form.

FOREIGN NATIONALS / FOREIGN INVESTORS

- _____ Copy of current VISA and PASSPORT
- _____ Proof of employment and income
(Must be NOTARIZED and translated into U.S. DOLLARS and into ENGLISH)
- _____ If self-employed, provide proof of ownership and income from that company.
(Must be NOTARIZED and translated into ENGLISH)
- _____ Provide Articles of Incorporation (If buying as a corporation)

CANADIAN CITIZENS

- _____ Must provide Canadian credit report.
- _____ Must provide Vehicle registration.

THIS IS THE MINIMUM DOCUMENTATION REQUIRED. DURING THE APPLICATION PROCESS ADDITIONAL DOCUMENTATION MAY BE REQUESTED AS EACH CIRCUMSTANCE IS DIFFERENT.

Please mail all documents to: **Obelisk Management Group, LLC, PO Box 25354, Tamarac, FL 33320**

Applicant Signature _____

Date: _____

Co-Applicant Signature _____

Date: _____

INSTRUCTIONS:

1. **Any occupant aged 18 or older must complete this application and pay an application fee.** If occupants are not legally married each person must pay a separate application fee.
2. Print legibly or type information. Account and telephone numbers and complete addresses are required. If any question is not answered or left blank; this application may be returned, not processed, and not approved. Missing information will cause delays in processing your application. All application spaces **MUST** be filled in.
3. Only the applicants are authorized to sign all forms.

Make copies of this page for every adult (over 18) who will be listed on the sales contract or lease agreement.

	APPLICANT	CO-APPLICANT
Marital Status		
<input type="checkbox"/> Single	Name: _____	Name: _____
<input type="checkbox"/> Married	Last	Last
<input type="checkbox"/> Separated	_____	_____
<input type="checkbox"/> Divorced	First Middle Initial	First Middle Initial
	_____	_____
	Maiden	Maiden
	SSN: ___xxx__ - __xx__ - _____	SSN: ___xxx__ - __xx__ - _____
	DOB: ____/____/____	DOB: ____/____/____
	DL/ID _____	DL/ID _____
	Number State	Number State
Address	_____	_____
	Current street address	Current street address
	_____	_____
	City State Zip Code	City State Zip Code
Phone	(____) _____	(____) _____
	Home/Primary Phone #	Home/Primary Phone #
	(____) _____	(____) _____
	Home/Primary Phone #	Home/Primary Phone #
Email	_____	_____
	Email Address	Email Address
NO. OF OTHERS TO OCCUPY	Name: _____	Name: _____
(____)	Last	Last
	_____	_____
	First	First
	Age: ____ Relationship _____	Age: ____ Relationship _____

	APPLICANT	CO-APPLICANT
<u>INCOME</u>	PROOF OF INCOME MUST BE ATTACHED	PROOF OF INCOME MUST BE ATTACHED
Employer	Monthly Income: _____ Source(s): <input type="checkbox"/> Employer <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retirement <input type="checkbox"/> Other _____ Employed by: _____ Phone (____) _____ - _____ Start Date: _____ Position: _____ Hours Per Week _____	Monthly Income: _____ Source(s): <input type="checkbox"/> Employer <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retirement <input type="checkbox"/> Other _____ Employed by: _____ Phone (____) _____ - _____ Start Date: _____ Position: _____ Hours Per Week _____
<u>VEHICLE INFO</u>	COPY OF VEHICLE REGISTRATION & DRIVERS LICENSE MUST BE ATTACHED	COPY OF VEHICLE REGISTRATION & DRIVERS LICENSE MUST BE ATTACHED
	Year _____ Make _____ Model _____ State ____ Tag No. _____ Color _____	Year _____ Make _____ Model _____ State ____ Tag No. _____ Color _____
<u>PET OWNER</u>	COPY OF PET VACCINATION RECORD MUST BE ATTACHED	COPY OF PET VACCINATION RECORD MUST BE ATTACHED
	Animal Name _____ Age of Animal _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Species _____ Breed: _____ Weight _____ Weight at Maturity _____ Color/Markings _____ Microchip <input type="checkbox"/> Yes <input type="checkbox"/> No Veterinarian Name _____ Vet's Number _____	Animal Name _____ Age of Animal _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Species _____ Breed: _____ Weight _____ Weight at Maturity _____ Color/Markings _____ Microchip <input type="checkbox"/> Yes <input type="checkbox"/> No Veterinarian Name _____ Vet's Number _____

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, please explain the circumstances regarding the situation on a separate piece of paper attached and attach to the application.

All APPLICANTS MUST ANSWER EACH QUESTIONS BELOW	APPLICANT	CO-APPLICANT
1. Have you ever had an eviction filed against you?	Yes ___ No ___	Yes ___ No ___
2. Have you ever left owing money to any owner or landlord?	Yes ___ No ___	Yes ___ No ___
3. Have you ever applied for residency anywhere in the past 2 years, but did not move it?	Yes ___ No ___	Yes ___ No ___
4. Have you ever had adjudication withheld or been convicted of a crime?	Yes ___ No ___	Yes ___ No ___

If this application is NOT legible or is not completely and accurately filled out, Obelisk Management Group, LLC (and the Association) will not be liable or responsible for any inaccurate information in the investigation and background report (to the Association) cause by such omission or illegibility. By signing the applicant recognizes that the Association or their agent, Obelisk Management Group, LLC may investigate the information supplied by the applicant, such as full disclosure of pertinent facts, may be made to the Association. The investigation may be made of the applicant’s character, general disposition, personal characteristics, credit standing, criminal background and mode of living as applicable. Any misrepresentation, falsification or omission of information may result in disqualification.

I / we certify under penalty of perjury that I/we agree to and understand all items on these pages in this application for occupancy.

Applicant Name Printed

Co-Applicant Name Printed

Applicant Signature

Co-Applicant Signature

Date

Date

Obelisk Management Group LLC

5701 N Pine Island Road, Suite 340
Tamarac, Florida 33321
954.278.8926

Residential Lease Occupancy Application

Community of _____
Report Request # _____

AUTHORIZATION FOR FILE DISCLOSURE

PLEASE ATTACH DRIVER' S LICENSE OR PHOTO ID TO THIS FORM

APPLICANT/TENANT CONSENT

I hereby consent to allow Obelisk Management Group, LLC., through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to, my credit report, criminal information, and eviction information for the purpose of determining my eligibility to purchase/lease a condominium. I further understand if I purchase/lease an apartment, I consent to allow Obelisk Management Group, LLC. and its designated agent/employee, for the duration of my ownership or lease, to review the following list of information to assess risk, for analytics, for process improvement, and other uses: my consumer reports, including but not limited to my credit report, criminal information, eviction information, my rental payment history, and occupancy history, and other information. The facts set forth in my application for residency are true and complete. False, fraudulent, or misleading information on an application may be grounds for denial of residency or subsequent eviction.

X _____
Signature Date

Full Name - First, Middle, and Last Name (Please Print)

Home Phone Cell Phone Email Address

Home Address (Unit# if applicable)

CITY STATE ZIP

Social Security Number Date of Birth Driver's License Number and State Issued