

POLYNESIAN GARDENS CONDOMINIUMS

400 NW 68 AVENUE

PLANTATION, FL 33317

Phone - 954-791-0505 /Fax - 954-395-1902

polynesiangardens@gmail.com www.pgc400.com

APPLICATION PROCEDURES AND REQUIREMENTS FOR ADDITIONAL RESIDENTS, BUYERS OR RENTERS

1. Upon completion of Association application packet, submit your packet to our office.
2. Submit with your Application the required, non-refundable application fee of **\$100.00** per applicant, payable to POLYNESIAN GARDENS CONDOMINIUM ASSOCIATION. Married couples are considered one applicant for non-refundable application fee of **\$100.00**, per couple. If legally married using different last names, submit a legible copy of your marriage certificate. All applicants of the age of 18 years are required to apply. Application fees are payable by money order or check only. **EVERY APPLICANT MUST FILL OUT A COMPLETE APPLICATION.**
3. If not a U.S. citizen, submit a legible copy of your passport and visa.
4. Submit a legible copy of your driver's license and Social Security Card. This information is required to complete your background check.
5. Current owner(s), new purchaser(s) or renters must each pledge a **\$250.00** move-in/move-out deposit. Forms of payment are local check or money order, payable to POLYNESIAN GARDENS CONDOMINIUM ASSOCIATION. Applications will not be processed without the required deposits. Deposits will be returned once the Association has completed verification of move.
6. Do not fax material to POLYNESIAN GARDENS unless requested to do so by the processing department.
7. Return all pages of the application and all supporting material. If an item does not apply, mark as N/A.
8. There is a **\$50.00** fee to cover ID Cards, Parking Decals and Laundry Card for all new Tenants, payable upon moving into Unit and issuance of same.
9. Please make sure that you contact our office for further application requirements.

POLYNESIAN GARDENS
RESIDENTIAL SCREENING AUTHORIZATION FORM

(Please Print Name: _____ Sex: _____)

Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: _____

Most Recent Landlord

Name: _____ Tel#: (____) _____

Address: _____

Dates: _____ Apt#: _____

Current Employment

Company: _____ Tel#: (____) _____

Position: _____

Supervisor: _____ Salary _____ per month

Date started _____

Banking Information

Name: _____ Tel#: (____) _____

Account#: _____ Balance: _____

Checking or Savings (circle one)

I give my authorization to this landlord or party listed below, AccuData Inc, or any party or agency contacted by this landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's

Signature _____ **Date** _____

(Accudata client information only)

Company Name: Polynesian Gardens

Contact Name: Teresa Gouveia

Tel#: 954-791-0505 **E-mail:** PolynesianGardens@Gmail.com

Package: 4A+ **Other Services:** B C D E F G H I

POLYNESIAN GARDENS CONDOMINIUM ASSOCIATION, INC.

APPLICATION FOR OCCUPANCY

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. All telephone must be able to be reached between 9:00 am – 5:00 pm.

Purchase _____ Additional Resident _____ Lease _____ Date _____
Bldg. _____ Unit # _____ Property Address _____
Full Name _____ Date of Birth _____ Social Security # _____
Single _____ Married _____ Separated _____ Divorced _____ How Long _____ Maiden Name _____
Have you ever been arrested and/or 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) _____
Number of people who will occupy Unit including owner _____ Number of children who will occupy Unit _____
Names and ages of others who will occupy Unit _____
Applicant(s) Cell Phone Number _____ Applicant(s) E-Mail Address _____
Pets _____ Weight _____ Age _____
Section Eight Housing : _____ Yes _____ No _____
In Case of Emergency Notify _____ Address _____ Phone _____
Driver's License Number (Primary Applicant) _____ State Issued _____
Driver's License Number (Secondary Applicant) _____ State Issued _____
Number of Vehicles owned by Applicant(s) _____
Make _____ Type _____ Year _____ License Plate No.: _____
Make _____ Type _____ Year _____ License Plate No.: _____

APPLICANT'S STATEMENT

The Applicant represents that the statements herein are true and may be verified by the association or its representative and that the Applicant is prepared to furnish additional information as may be required. The Applicant further understands that this application for membership is made under the terms and conditions of the contract for purchase and sale of the condominium apartment.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____