Instructions for applying at:

Bent Tree Villas East Condominium Association, Inc.

The Application for Occupancy is designed for a single applicant or married couple only. If you are married but do not share the same last name, please provide a marriage license.

In order to process your application accurately and efficiently, please provide the following:

- 1. The completed and signed Application for Occupancy, Authorization Form and Payment Authorization Form.
- 2. Answer the "arrest record" question with a "yes or no", N/A is not acceptable, and your application may not be processed until that question is completed.
- 3. A copy of a current driver's license(s) is required for each applicant.
- 4. If the applicant is not from the United States, please provide a copy of the Visa and/or Passport and driver's license from your country.
- 5. Income verification:

If a paystub that reflects your year-to-date income is not available, please provide one of the following:

- ~The first two pages of an Individual Personal Tax Return, W-2, 1099, K-1, or a letter from a CPA may be used in place of providing a tax return if written on CPA's letterhead and signed by that individual.
- 6. Bank reference requirements: Please provide a recent bank statement with the account number redacted instead of providing the account information on the application, for the applicant's security.
- 7. If the character references live outside the U.S., please provide an email address so that any time differences for contact will not be of concern to those involved and, if needed, the request can be translated into their native language.

The processing fee is \$100 per application. If you need your report sent to the association faster than three business days, there is a \$25 rush fee. Processing time starts once payment is received (during normal business hours) Payment can be made by credit card or Zelle.

You may pay your fee using Zelle. Email address: acr.zelle@gmail.com This will save time instead of waiting for the email with the link to pay.

The payment authorization form should NOT include your credit card number. You will receive a link via email to make your payment or can you pay by phone. If you do not see the link in your inbox, please check spam folder.

You can email your package to:

<u>CustomerService@AssociatedCreditReporting.Com</u> (Be sure to put Bent Tree on the subject line!)

OR

Fax to 954-543-9411

OR

Hand deliver to the address below. Please call first to schedule an appointment. No walk-ins please.

Associated Credit Reporting, Inc. 7737 North University Drive, Suite 206 Tamarac, FL 33321

Telephone: 954-543-9400

www.associatedcreditreporting.com

Telephone: 954-543-9400 Fax Number: 954-543-9411 Toll Free Telephone: 800-676-7640 Toll Free Fax Number: 800-235-7185

Payment Authorization

Once the invoice has been paid, we will begin processing your request.

Once the process has been started, you may cancel your request, but we cannot issue you a refund

l,	, hereby authorize a one-time payment to Associated
Credi	it Reporting, Inc. in the amount of \$, for the processing of my
applic	cation.
	I will be making my payment using the following method:
	Option 1: Zelle – Use email address acr.zelle@gmail.com as the recipient
	Option 2 : Credit Card Payment – A link will be emailed to you which you can click on to make your payment.
	Email Address
Si	gnature: Date:

 ** We do not store any credit card information; please do not include it on this form **

Please process your payment as soon as possible so there is not a delay in processing

READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

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

APPLICATION FOR OCCUPANCY

	Association N	Name:			
Pur	chase Lease Occupant Apt.#	Bldg.# Address applied for:	:		
Ful	l Name		Date of Birth	Social Security #	
Sing	gle Married Separated Divorced 1	How Long? Other lega	nl or maiden name		
Hav	re you ever been convicted of a crime?	_ Date (s)	County/State Conv	icted in	
Cha	rge (s)				
	olicant's Cell Number(s)				
Spo	use		Date of Birth	Social Security #	
	er legal or maiden name				
	anty/State Convicted in				
	use's Cell Number(s)				
	of people who will occupy unit – Adults (over				
	nes and ages of others who will occupy unit _				
	ase of emergency notify				
	• • •	PART I – RESIDENC			
A.	Present address (Include unit/apt number, city, state and zip			Phone	
	Apt. or Condo Name	Phone		Dates of Residency: From	to
	Own Home ☐ Parent/Family Member ☐ Re	ented Home Rented Apt Other		Rent/Mtg Amount	
	Are you on the Lease? If not, who is	the leaseholder? Are	e you on the Deed?	If yes, under what name?	
	Name of Landlord_	Phone	E1	nail address	
	Is your Landlord the: Owner of the property		Roommate Prope	erty Manager Other	
B.	Previous address (Include unit/apt number, city, state and zip	code)			
	Apt. or Condo Name	Phone		Dates of Residency: From	to
	Own Home □ Parent/Family Member □ Re	ented Home Rented Apt Other		Rent/Mtg Amount	
	Were you on the Lease? If not, who	is the leaseholder? W	Vere you on the Deed?	If yes, under what name?	
	Name of Landlord	Phone	Eı	mail address	
	Is your Landlord the: Owner of the property		Roommate Prope	erty Manager Other	
C.	Previous address (Include unit/apt number, city, state and zip	code)			
	Apt. or Condo Name	Phone		Dates of Residency: From	to
	Own Home Parent/Family Member Re	ented Home Rented Apt Other		Rent/Mtg Amount	
	Were you on the Lease? If not, who	is the leaseholder? W	Vere you on the Deed?	If yes, under what name?	
	Name of Landlord	Phone	Eı	nail address	
	Is your I andlard that Owner of the property	Z Doolton D Family Mambar D	Doommoto December	urty Managar Othar	

PART II – EMPLOYMENT REFERENCES

Include a recent copy of an earnings statement to expedite processing

A.	Employed by			- I	Phone
					Fax
B.					Phone
					Fax
			PART III – BAN	K REFERENCES statement to expedite pr	
A.	Bank Name		Checking Acct. #		Phone
	Address				Fax
ъ	D. LN		G : A		N
В.					Phone
	Address				Fax
		PART IV – C	CHARACTER RE	EFERENCES (No Family	Members)
1.	Name			Home Phone	:
	Address			Business Pho	ne
	Email Address			Cellular Phon	
2.	Name			Home Phone	
	Address				ne
	Email Address			Cellular Phon	e
3.	Nome			Home Phone	
3.	Address				na .
	Email Address_				ne
	Email / radiess			Centilal Filon	
4.	Name			Home Phone	
	Address			Business Pho	ne
	Email Address			Cellular Phon	ne
Are	e you using a realtor? Yes_	No	If yes: Realt	or's name	
Ema	ail Address			Cellular Phone _	
Driv	ver's License Number (Primary A	pplicant).			State Issued
					State Issued
					License Plate No.
					License Plate No.
any	inaccurate information in the inve	estigation and related	l report (to the Associat	tion) caused by such omissions	,
disc	losure of pertinent facts will be	made to the Associa	ation. The investigation	on may be made of the appli	mation supplied by the applicant, and a full icant's character, general reputation, personal usive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Date _____ Date _____

www.associatedcreditreporting.com

AUTHORIZATION FORM

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

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 to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, 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 legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

(Appliant's Simpton)	(C
(Applicant's Signature)	(Spouse's Signature)
(Applicant's Name Printed)	(Spouse's Name Printed)
(Date Signed)	(Date Signed)