

**Instructions for applying at
*Lighthouse Point Gardens, 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 or approved.
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, 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 of 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 fee is \$100 per application. The application is designed for a single applicant or married couple only. If the applicant's do not share a last name, please provide a copy of a marriage license or your application will be delayed while we wait for that documentation. Only a wet signature or certified electronic signature will be accepted. If you are unable to provide either type of signature, type in your name and we will send you an email to certify your signature for you.

The payment authorization form should NOT include your credit card number. You will receive a link via email to make your payment or you may pay by phone once you receive the invoice email.

To pay using Zelle: Use acr.zelle@gmail.com as the recipient's name.

Please email your package to:

CustomerService@AssociatedCreditReporting.Com

(Please include Lighthouse Point Gardens Inc on the subject line!)

OR

Fax to 954-543-9411

OR

Hand deliver to the address below. Please call first to schedule an appointment.

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

Telephone: 954-543-9400

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****

I, _____, hereby authorize a one-time payment to Associated Credit Reporting, Inc. in the amount of \$_____, for the processing of my application.

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

Signature: _____ 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 Name: _____

Purchase Lease Occupant Apt.# _____ Bldg.# _____ Address applied for: _____

Full Name _____ **Date of Birth** _____ **Social Security #** _____

Single Married Separated Divorced How Long? _____ Other legal or maiden name _____

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

Charge (s) _____

Applicant's Cell Number(s) _____ Applicant's Email Address _____

Spouse _____ **Date of Birth** _____ **Social Security #** _____

Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

Spouse's Cell Number(s) _____ Spouse's Email Address _____

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

Names and ages of others who will occupy unit _____

In case of emergency notify _____ Address _____ Phone _____

PART I – RESIDENCE HISTORY

A. Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

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

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

Are you on the Lease? _____ If not, who is the leaseholder? _____ Are you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Is your Landlord the: Owner of the property Realtor Family Member Roommate Property 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 Rented Home Rented Apt Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Is your Landlord the: Owner of the property Realtor Family Member Roommate Property 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 Rented Home Rented Apt Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Is your Landlord the: Owner of the property Realtor Family Member Roommate Property Manager Other _____

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)

- 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 _____

Are you using a realtor? Yes _____ No _____ If yes: Realtor's name _____
 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 _____

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.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)