

NOTICE OF INTENT TO LEASE

_____, 20____
ASSOCIATION NAME _____ DATE _____
UNIT NUMBER/ADDRESS _____ PROPERTY OWNER NAME _____

This Notice of Intent to Lease and a fully executed copy of the related lease contract must be accompanied by a check in the amount of \$_____ made payable to the Association and returned to the Association's Board of Directors or the community association manager. If uncertain, please contact the Reslaes Department at 1-800-932-6636 ext 42501 or 407-788-6700 ext 42501.

- Leases of fewer than _____ months are prohibited.
- Use of unit is limited to single-family residency.
- Occupation of the unit will be limited to Lessee and his/her immediate family listed below.
Unit is to be occupied by no more than _____ persons. Units may not be sub-let.

THIS SECTION TO BE COMPLETED BY LESSOR (OWNER)

In compliance with the Declaration of Covenants and Restrictions of the Association named above, I (we) hereby serve notice that as owner(s) or Agent of the above referenced unit, I (we) intend to offer said unit for lease in accordance with the attached lease agreement.

Unit is to be leased for the period beginning _____
and ending _____ at the monthly rate of \$_____

I (We) understand and hereby agree that I (we) am fully responsible for ensuring that my (our) Lessee(s) and their guests abide by the Association's Declaration of Covenants and Restrictions and Rules and Regulations. I further agree to provide said Lessee(s) with copies of same.

Unless you notify me to the contrary within _____ days from the receipt of this completed notice and attachment, I will advise Lessee that the attached lease has been approved.

Mailing Address _____
For Response _____

THIS SECTION TO BE COMPLETED BY LESSEE THE BOARD WILL NOT ACCEPT PARTIALLY COMPLETED FORMS

I (We) intend to lease unit number/address _____

for the period beginning _____ and ending _____.

In order for you to facilitate consideration of my (our) application for lease of the above designated unit, I (we) are aware that any falsification or misrepresentation of this application will result in an automatic rejection of this application. I (we) consent that you may make further inquiry concerning this application, particularly of the references given below. I (we) also acknowledge that a credit check and/or background check may be performed as part of the application process.

I (We) understand and will be bound by the Rules and Regulations of the above Association including those applicable to both the Unit and Common Property.

NAME OF LESSEE (1) _____
OCCUPATION _____ HOW LONG? _____
EMPLOYER _____ PHONE NO (_____) _____ - _____
ARE YOU AN ACTIVE SERVICE MEMBER? YES NO

NAME OF LESSEE (2) _____
OCCUPATION _____ HOW LONG? _____
EMPLOYER _____ PHONE NO (_____) _____ - _____
ARE YOU AN ACTIVE SERVICE MEMBER? YES NO

CURRENT _____ HOW LONG? _____
HOME ADDRESS _____ PHONE NO (_____) _____ - _____

NAME AND ADDRESS OF PRESENT LANDLORD (IF APPLICABLE) _____

PHONE NO (_____) _____ - _____

THE FOLLOWING PERSON(S), IN ADDITION TO LESSEE(S) WILL OCCUPY THE UNIT

NAME _____ RELATIONSHIP _____
NAME _____ RELATIONSHIP _____
NAME _____ RELATIONSHIP _____
NAME _____ RELATIONSHIP _____

THE FOLLOWING PET(S) WILL OCCUPY THE UNIT

TYPE _____ BREED _____ WEIGHT _____
TYPE _____ BREED _____ WEIGHT _____

LIST TWO (2) PERSONAL REFERENCES (LOCAL, IF POSSIBLE)

NAME _____ ADDRESS _____ PH(_____) _____ - _____
NAME _____ ADDRESS _____ PH(_____) _____ - _____

BANK REFERENCES

BRANCH NAME/ ADDRESS _____ PH(_____) _____ - _____
BRANCH NAME/ ADDRESS _____ PH(_____) _____ - _____

AUTOMOBILE/VEHICLE INFORMATION

MAKE _____ MODEL _____ YEAR _____ TAG NO _____
MAKE _____ MODEL _____ YEAR _____ TAG NO _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME _____ ADDRESS _____ PH(_____) _____ - _____

I (We) understand that any violation of the terms, provisions, conditions and covenants of the Association documents provides cause for available immediate action as therein provided or termination of the leasehold under appropriate circumstances.

Dated this _____ day of _____, 20_____.

SIGNED _____
Lessee

SIGNED _____
Lessee

THIS SECTION FOR ASSOCIATION USE ONLY

PROCESSING FEE RECEIVED \$ _____ LEASE ATTACHED: YES NO DATE SUBMITTED ____/____/____

APPROVED ____/____/____ DISAPPROVED ____/____/____ DATE _____, 20____

BY _____ TITLE _____

NOTES _____



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, Admiralty Club Condominium herein referred to as *Association* and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, credit history through a consumer credit report, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the *Association* may contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the *Association* to furnish the above mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the *Association* at any time during my occupancy with the *Association*.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the *Association* based on information contained in the report.

Upon proper identification and payment permissible by law, you have the right to request from the *Association* a copy of any information in its file on you at the time of your request.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

Applicant Information

Print Name: Social Security Number:

Street Address: City: State: Zip:

Driver License Number: Driver's License State

IMPORTANT: The following information will be used by United Screening Services Corporation for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Maiden, Other and/or Former Name(s)

Date of Birth:

Signature: Date:

**Authorization for the Social Security Administration (SSA)
To Release Social Security Number (SSN) Verification**

Printed Name:	Date of Birth:	Social Security Number:
---------------	----------------	-------------------------

I want this information released because I am conducting the following business transaction:

Background check to lease - required by each leasee.

Reason (s) for using CBSV: (Please select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service |
| <input checked="" type="checkbox"/> Background Check | <input type="checkbox"/> License Requirement |
| <input type="checkbox"/> Credit Check | <input type="checkbox"/> Other |

with the following company ("the Company"):

Company Name: _____

Company Address: _____

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature:	Date Signed:
------------	--------------

Relationship (if not the individual to whom the SSN was issued): _____

Contact information of individual signing authorization:

Address: _____

City/State/ZIP: _____

Phone Number: _____

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send to this address only comments relating to our time estimate, not the completed form.***

-----TEAR OFF-----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.
