

AVILA EL JARDIN CONDOMINIUM ASSOCIATION, INC.

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APPLICATION/NEW TENANT INFORMATION

PROPERTY ADDRESS: _____ UNIT #: _____
 OWNER NAME: _____ CONTACT INFO: _____
 LEASE START DATE: _____ LEASE END DATE: _____

Applicant Information: (PLEASE FILL OUT COMPLETELY- Incomplete applications will not be processed.)

Applicant Name	Last	First	MI	Date of Birth	Social Security #
Applicant Name	Last	First	MI	Date of Birth	Social Security #
Current Address	Apt. #	City	State	Zip	
Drivers License # (Provide copy)		State Issued	State	Expiration	
Drivers License # (Provide copy)		State Issued	State	Expiration	
Email Address	Home Phone	Cell Phone			
Landlords Name	Landlords Phone	Lived at Present Address Since			

Residential History:

Previous Address	Apt. #	City	State	Zip
Dates at Previous Address	Reason for Moving			
Landlords Name	Landlords Phone			
Were You Evicted? (If Yes, Why?)				

Employment Information:

Present Employer	Phone	Job Title
Address	City	State Zip
Supervisors Name	Length of Employment	
Current Gross Monthly Income	Self Employed?	

Occupant Information: (Please list all other people to live in dwelling, include all children.)

Name	Last	First	MI	Date of Birth	Social Security #	Relationship
Name	Last	First	MI	Date of Birth	Social Security #	Relationship
Name	Last	First	MI	Date of Birth	Social Security #	Relationship

Criminal History: Has any occupant listed above been convicted of a felony? (If yes, please explain.)

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Vehicle Information: (Please list all vehicles that belong to occupants. There is a \$10.00 barcode fee per vehicle. Provide a copy of vehicle registration.)

Automobile Make	Model	Color	Year	License Plate
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Motorcycles (Other Vehicles)				
Name to appear on keypad directory (Last name, First initial)			Phone number for guest access	

Miscellaneous Information:

Emergency Contact Name	Phone	Relationship	
Address	City	State	Zip

Leasing Agent:

Name	Company		
Email Address	Mailing Address		
Office Phone	Cell Phone	Fax	
Background Check Perform? (If yes, please provide a copy.)			

Application Statement: (You MUST initial beside each statement. If any are left blank, approval will not be granted.)

I understand that a Criminal Background check, Social Security Verification, Credit History and Employment Verification will be processed prior to Association Approval. (____/____)

I have reviewed or received a copy of the Association Declaration of Covenants and Restrictions and Rules and Regulations, and I agree on behalf of all persons using the premises under my permission to abide by these rules under penalty of approval termination. (____/____)

I understand that according to the association rules and regulations, pets are not permitted on property by any guest or tenant. Association approval is required to have any pet on property at any time. (____/____)

I understand that this is not a lease or rental agreement. I hereby authorize the Landlord/ Agent(s) thereof to investigate my credit and financial responsibility, income, rental and eviction history, criminal background and the statements made on this form. I acknowledge that the Agent and employees thereof represent the interests of the Landlord, but that they also have the duty to treat all parties fairly and in accordance with fair housing law, and to disclose material adverse facts about the property. (____/____)

I understand that I must receive Association Approval prior to occupancy of the unit or residence. (____/____)

I warrant and represent that I am at least 18 years of age and that all statements herein are true and correct.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

APPLICATION CHECKLIST:

Complete application	
Non-refundable application fee for \$100.00, payable to Southern States Management Group, Inc.	
Copy of vehicle registration (for each vehicle that will be routinely parked on property)	
Copy of drivers license (for each occupant over the age of 18)	
Copy of executed lease agreement	

Owner or Owners' Agent is responsible for providing a copy of Association Covenants and Restrictions and Rules and Regulations to the tenant. These documents may be requested for immediate download on homewisedocs.com.

We request at least 10 business days for processing/obtaining the required board member signatures. Tenants may not move in until approval is granted.

OFFICE USE ONLY:

Non Refundable Application Processing Fee	Collected By	Date	Check #
Employment Verification Result	Verified By	Date	
Assessments owed to the Association	Paid	Accounting Clearance By	

Vehicle	Barcode	Registration	Fee Collected
Vehicle	Barcode	Registration	Fee Collected
Vehicle	Barcode	Registration	Fee Collected
Copy of Driver's License			

Association Approval By (Print Name)		
Signature	Position	Date