



ORCHARDS OF WESTLAKE HOMEOWNERS' ASSOCIATION, INC.

C/O Vesta Property Services
16290 Town Center Parkway North, Westlake FL 33470

PLEASE NOTE THE FOLLOWING INSTRUCTIONS BELOW CAREFULLY
BEFORE SUBMITTING YOUR APPLICATION

ALL FEES ARE NON-REFUNDABLE

If you have any questions or require additional assistance, please do not hesitate to contact Perry Baldwin, plbaldwin@vestapropertyservices.com

Any person over 18 years old must submit an individual application. Fees are per applicant.

A \$100.00 screening fee per applicant, payable by **money order or cashier's check** to **Orchards of Westlake**. The processing time is 20 business days; **NO RUSH!**

A \$50.00 processing fee per applicant will be charged, payable by **money order or cashier's check** to **Vesta Property Services**.

A copy of the lease/sales contract must be attached. Please note only the names on the contract will appear on the actual approval if granted.

Application ***MUST*** be completely filled out and signed. If there are any questions NOT answered or left blank, the application will NOT be accepted for processing. Make sure your social security number is written clearly for screening purposes. Screening Addendum must be filled out completely and attached. ***Single page only, printed copies front to back are not acceptable.***

Each applicant MUST submit copy of DRIVER LICENSE & SOCIAL SECURITY CARD. If applicant lives in another country, a copy of VALID PASSPORT IS A MUST!!!

Applications must be hand delivered or mailed to the above address only. Application must be submitted not less than 30 days prior to move-in or closing date. All applications require Board Approval.

Occupancy Regulations: NO more than two (2) occupants per room.

If all required items (fees/licenses/ss card/lease/sales contract) are not included when the application is submitted, the application will not be accepted for processing.

Lease is subject to renewal at the end of the lease term

FOR LEASE ONLY, A \$500.00 Refundable Security Deposit is due with the application payable via SEPARATE Money Order to the Orchards of Westlake. The Security Deposit is to cover any damage done to the common areas. The deposit will be returned after move out following inspection and verification that common areas are in good condition. Deposit refund must be requested in writing to the property manager.

NOTE: Prospective buyers and/or tenants will NOT be approved if the sellers and/or Landlords are delinquent on their maintenance account and/or have any pending violations.

FOR RENTAL APPLICATION ONLY. Security Deposit(s) provided by and returned to:

Name: _____ Address: _____

GLOBAL BACKGROUND

Date ___-___-___ Property Address _____ Purchase Lease

Office Use ONLY: ASSOCIATION NAME: _____

ACCOUNT #: _____ REQUESTED BY: _____

Personal Information

Applicant Name _____
First Middle Last

Social Security # (Required) _____ - _____ - _____ Date of Birth: _____ - _____ - _____
Month Day Year

Marital Status _____ Driver License # _____ State _____

Applicant Phone # _____ Applicant Cell Phone # _____

Spouse or Co-Applicant Name _____
First Middle Last

Social Security # (Required) _____ - _____ - _____ Date of Birth: _____ - _____ - _____
Month Day Year

Spouses Driver License # _____ State _____

Spouses Phone # _____ Spouses Cell Phone # _____

ALL OTHER OCCUPANTS MUST BE LISTED – OCCUPANTS OVER 18 MUST FILL OUT AND COMPLETE THEIR OWN APPLICATION

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Do you own pets? Y N: If Yes, No.# of Pets Breed(s) _____ Weight(s) _____

Have you, the co-applicant(s), and/or any occupant(s) ever been arrested, charged and/or convicted of a crime? Yes No: If Yes, Attach detailed explanation.

Resident History

APPLICANTS CURRENT LANDLORD INFORMATION:

Current Street Address _____
Street City State Zip

Move in Date of Present Address: _____ - _____ - _____
Month Day Year

Move Out Date _____ - _____ - _____
Month Day Year

Current Landlord's Name _____ Phone # _____

Fax # _____ Monthly Rent Payment \$ _____

Reason For Moving _____

IF LESS THAN ONE (1) YEAR MUST PROVIDE PRIOR LANDLORD:

Prior Street Address _____

Move In Date of Present Address: _____ - _____ - _____
Month Day Year

Move Out Date _____ - _____ - _____
Month Day Year

Prior Landlord's Name _____ Phone # _____

Fax # _____ Monthly Rent Payment \$ _____

Reason for Moving _____

Have you and/or the co-applicant(s) ever been evicted from any property? Yes No: If Yes, Attach detailed explanation.

Employment History

APPLICANT:

Present employer _____ Supervisor _____

Employer Address _____
Street City State Zip

Employed From _____ - _____ - _____ To _____ - _____ - _____
Month Day Year Month Day Year

Phone # _____ Fax # _____ E-Mail _____

Position _____ Gross weekly salary \$ _____

IF LESS THAN ONE (1) YEAR AT CURRENT EMPLOYMENT, FILL IN THE PRIOR EMPLOYER INFORMATION:

Prior employer _____ Supervisor _____

Employer Address _____
Street City State Zip

Employed From _____ - _____ - _____ To _____ - _____ - _____
Month Day Year Month Day Year

Phone # _____ Fax # _____ E-Mail _____

Position _____ Gross weekly salary \$ _____

SPOUSE OR CO-APPLICANT:

Present Employer _____ Supervisor _____

Employer Address _____
Street _____ City _____ State _____ Zip _____

Employed From _____ - _____ - _____ To _____ - _____ - _____
Month Day Year Month Day Year

Phone # _____ Fax # _____ E-Mail _____

Position _____ Gross weekly salary \$ _____

IF LESS THAN ONE (1) YEAR AT CURRENT EMPLOYMENT, FILL IN THE PRIOR EMPLOYER INFORMATION:

Prior employer _____

Employer Address _____
Street _____ City _____ State _____ Zip _____

Employed From _____ - _____ - _____ To _____ - _____ - _____
Month Day Year Month Day Year

Phone # _____ Fax # _____ E-Mail _____

Position _____ Gross weekly salary \$ _____

If necessary use reverse side of this application to list any additional information that may not fit on the first page.

Applicant(s) has submitted the sum of \$ _____, which is non-refundable payment for background/credit check processing and verification of the application. Essential Screening is hereby authorized and given the right to verify by reasonable means all of the information disclosed by the applicant(s) including but not limited to credit check, criminal history, eviction-civil records, landlord verification, and verification of employment; in this application, any additional documents in the application packet, exhibits and/or attachments. Applicant(s) certify that all of the information disclosed to Essential Screening is true and correct. Furthermore, applicant(s) certify it has not knowingly omitted any information from this application, any additional documents in the application packet, exhibits and/or attachments. In addition, the applicant(s) authorizes Essential Screening to provide a copy of the completed screening report to the property owner and/or landlord or its agents or assignees.

Applicant Signature _____

Print Name _____ Date _____

Spouse or Co-Applicant Signature _____

Print Name _____ Date _____

Criminal Record Waiver

Dear Sir/Madam:

Our resident selection policy obligates us to verify certain information about all members of families living in or applying for admission to our developments. Specifically, we wish to avoid admitting a family or anyone of whose family members is involved in criminal activity, which would adversely affect the health, safety, or welfare of other residents. To comply with this requirement, we ask your cooperation in supplying information on the criminal records (if any) of the persons listed below.

Using the numbers below, please indicate whether any family members or any other occupants have been arrested or convicted of any crimes relating to the following:

1. Homicide/Murder
2. Rape or Child Molesting
3. Burglary/Robbery/Larceny
4. Threats or Harassment
5. Assault or Fighting
6. Destruction of Property/Vandalism
7. Drug Use/Possession/Traffic
8. Child Abuse/Domestic Violence
9. Public Intoxication
10. Receiving Stolen Goods
11. Fraud
12. Prostitution
13. Disorderly Conduct
14. Other: _____

Applicant's Release

I hereby authorize the release of the information requested.

Applicant Names:	SS#	DOB	Crime #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

GLOBAL BACKGROUND ANALYSIS, INC

- Credit & Criminal
- Criminal Only

Unit # _____

Today's Date: _____

Signature

Please print full name

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print other names you have used

Social Security Number - Your Social Security Number will only be used to confirm your identity for purposes of completing an accurate background investigation and a credit check.

Date of Birth - Your date of birth is required on this form in order to confirm your identity for purposes of completing an accurate background investigation.

Home Address

City State Zip

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of, plead guilty, or "no contest" to a crime that has or has not been expunged or removed from your record? No Yes **If yes, please explain:** (Make sure to include the city/state/county and the year the crime occurred for each conviction.)

Have you ever been evicted from any leased premise? No Yes

I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully understand that Global Background Analysis, Inc., may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for Global Background Analysis, Inc. to do so.

ORCHARDS OF WESTLAKE HOMEOWNERS' ASSOCIATION, INC.

Screening Application Addendum

Property Address: _____
Street City/State Zip

Current Owner(s): _____
Last First MI

Cell Phone: _____ Email: _____

- Owner(s) please note that pursuant to 720 Florida Statutes, if Unit is occupied by a tenant, and you are delinquent in paying any monetary obligation due to the Association, the Association may make a written demand to the tenant to pay to the Association, the future monetary obligations related to the Unit, and the tenant must make such payment. **If owner(s) and/or tenant(s) have a security deposit, these funds may be transferred to the maintenance obligations, but must be replaced for the tenant to continue to reside in the community, and the maintenance must be kept up to date.**
- Any person over the age of 18 must submit individual application and pay fee per applicant.
- Acceptance of the processing fee does not in any way, constitute approval of this transaction.
- Applicant(s) will abide by all of the restrictions contained in the Bylaws, Rules & Regulations that are or may be imposed by the Association.
- Each applicant **MUST** submit copy of **DRIVER LICENSE & SOCIAL SECURITY CARD** without these documents we **WILL NOT** accept the application.
- Applicant(s) understand that any violation of terms, provisions, conditions, and covenants of the HOA documents, provides causes for immediate action as therein provided or termination of the leasehold under appropriate circumstances.
- Owner(s) is responsible for the cost of eviction of any tenant(s) upon request of the association.
- The Tenant(s) have received by the owner, copies of the association Rules & Regulations and understand the association's policy prior to submitting application.
- All maintenance fees owed to the Master and/or HOA Association, must be paid in full prior to approval.
- Any pending violation(s) must be corrected prior to approval. The Association may correct any violation(s), which are not complied with by the tenant and/or the owner as requested by the Association, and the cost will be either deducted from the security deposit or charged to the owner's account.

Applicant(s) Name(s): _____
Last First MI

Cell Phone: _____ Email: _____

If approved, and once approval is ready, whom should we contact:

Name: _____

Cell Phone: _____ Email: _____

ORCHARDS OF WESTLAKE HOMEOWNERS' ASSOCIATION, INC.

Acknowledgement of Rules and Regulations

I, _____ and _____ who reside at _____ of **The Orchards at Westlake Homeowners Association, Inc.**

acknowledge that I have read and understand the Rules and Regulations. Also, if applicable, that my one-month deposit being held by the Association, may be held and/or used to pay any fines or fees imposed if I do not abide by these Rules and Regulations. I understand that any persons living in my home over the age of 18, will be screened and approved by the Association, and any unapproved tenants will be evicted at the homeowners' expense.

Tenant/Buyer's Signature

Date

Print Name:

Tenant/Buyer's Signature

Date

Print Name:

Landlord/Seller's Signature

Date

Print Name: