

WOODLANDS 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 Woodlands 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 <u>MUST</u> 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 Woodlands 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.

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

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.

Name:	Λddracc:				
ivallic.	Addiess.				
	 _	1		 	

GLOBAL BACKGROUND

DateProperty	Address		Purchase Lease
Office Use ONLY: ASSOCI	ATION NAME:		
ACCOUNT #:	F	REQUESTED BY:	
	Perso	onal Information	
	rst N	liddle	Last
Social Security # (Required)		Date of Birth:	
Marital Status	Driver License #		
Applicant Phone #		Applicant Cell Phone #	
Spouse or Co-Applicant Nan	ne	Middle	Last
Spouses Driver License #		State _	
Spouses Phone #		Spouses Cell Phone #	
ALL OTHER OCCUPANTS MUST	T BE LISTED - OCCUPANTS OVER 18	MUST FILL OUT AND COMPLETE	THEIR OWN APPLICATION
Name		Age	Relationship
Do you own pets? Y Y	N: If Yes, No.# of Pets Breed(s)		Weight(s)
Have you, the co-applicant(s), detailed explanation.	and/or any occupant(s) ever been ar	rested, charged and/or convicte	ed of a crime? ☐ Yes☐No: If Yes, Attach
	Resid	lent History	
APPLICANTS CURRENT LA	NDLORD INFORMATION:		
Current Street Address	eet	City	State Zip

Move in Date of Present Address:	Move Out Date	
Current Landlord's Name	Phone #	
Fax #	Monthly Rent Payment \$	
Reason For Moving		_
IF LESS THAN ONE (1) YEAR MUST PROVIDE PRIOR LAND	LORD:	
Prior Street Address_		
Move In Date of Present Address:	Move Out Date	
Prior Landlord's Name	Phone #	_
Fax #	Monthly Rent Payment \$	
Reason for Moving		
Have you and/or the co-applicant(s) ever been evicted fror explanation.	m any property?	
Empl	oyment History	
APPLICANT:		
Present employer	Supervisor	_
Employer AddressStreet	City State Zip	<u> </u>
Employed From To To	onth Day Year	
	_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 AddressStreet		
Employed From	City State Zip	,
Phone #Fax #	_E-Mail	
Position	Gross weekly salary \$	

SPOUSE OR CO-APPLICANT:

Present EmployerSu	pervisor		
Employer AddressStreet	City	State	Zip
Employed From - - To - Month Day Year Month Day	 Year		
Phone #Fax #	E-Mail_		
Position_	Gross weekly sa	lary \$	
IF LESS THAN ONE (1) YEAR AT CURRENT EMPLOYMENT, FILL IN THE P	PRIOR EMPLOYER	INFORMATION:	
Prior employer			
Employer AddressStreet	City	State	Zip
Employed From - - To - Month Day Year Month Day	Year		
Phone #Fax #	E-Mail_		
Position_	Gross weekly sa	lary \$	
If necessary use reverse side of this application to list any additional info	rmation that may n	ot fit on the first page.	
Applicant(s) has submitted the sum of \$\frac{1}{2}\$ background/credit check processing and verification of the authorized and given the right to verify by reasonable means all of but not limited to credit check, criminal history, eviction-cive employment; in this application, any additional documents in Applicant(s) certify that all of the information disclosed to Esse applicant(s) certify it has not knowingly omitted any information the application packet, exhibits and/or attachments. In addition provide a copy of the completed screening report to the property	the application. If the information If the information If the application If the application If the application If the applicant If the applicant	Essential Screen disclosed by the application, a packet, exhibits are is true and correctlication, any additions authorizes Esse	ning is hereby plicant(s) including and verification of ad/or attachments. It. Furthermore, and documents in antial Screening to
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

	Unit #		
a.	Today's Date:		
Signature			
Please print full name			
e following information is required by law enforce confidential and will not be used for any other p		tion purposes when cl	necking pul
P	arposes.		
	Cacial Consuits Number of		
ease print other names you have used	Social Security Number - Your Social identity for purposes of completing an accurate bac	 al Security Number will onl kground investigation and	y be used to c a credit check
ease print other names you have used		al Security Number will onl kground investigation and	y be used to c a credit check
	identity for purposes of completing an accurate bac	kground investigation and	a credit check
	identity for purposes of completing an accurate bac	kground investigation and	a credit check
	identity for purposes of completing an accurate bac	kground investigation and	a credit check
ate of Birth - Your date of birth is required on this fo	identity for purposes of completing an accurate bac	kground investigation and pleting an accurate backgro	a credit check
ate of Birth - Your date of birth is required on this fo	identity for purposes of completing an accurate bac rm in order to confirm your identity for purposes of com City	kground investigation and pleting an accurate backgro	a credit check
lease print other names you have used ate of Birth - Your date of birth is required on this for Home Address Driver's License Number and State	identity for purposes of completing an accurate bac	kground investigation and pleting an accurate backgro	a credit check
ate of Birth - Your date of birth is required on this fo	identity for purposes of completing an accurate bac rm in order to confirm your identity for purposes of com City	kground investigation and pleting an accurate backgro	a credit check
Home Address Driver's License Number and State	rm in order to confirm your identity for purposes of comp City Name as it appears o	kground investigation and pleting an accurate backgro State n License	a credit check
ate of Birth - Your date of birth is required on this fo	rm in order to confirm your identity for purposes of comp City Name as it appears of confirm your identity, or "no contest" to a crime that has	s or has not been of	a credit checi

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.

WOODLANDS OF WESTLAKE HOMEOWNERS' ASSOCIATION, INC.

Screening Application Addendum

Property Address:				
Street	City/State	Zip		
Current Owner(s):	Last	First	MI	-
	Last	riist	IVII	
Cell Phone:		Email::		_
the Association, the and the tenant mumaintenance obligup to date. • Any person over the Acceptance of the property of the Applicant of the A	Association may make a written of st make such payment. If owner gations, but must be replaced age of 18 must submit individual rocessing fee does not in any way, the by all of the restrictions contain UST submit copy of DRIVER Is and that any violation of terms, pretermination of the leasehold under ble for the cost of eviction of any received by the owner, copies of	demand to the tenant to pay to the Ar(s) and/or tenant(s) have a set for the tenant to continue to residual application and pay fee per applicant constitute approval of this transaction of the Bylaws, Rules & Regulations LICENSE & SOCIAL SECURITY CAR rovisions, conditions, and covenants or appropriate circumstances. tenant(s) upon request of the association Rules & Regulations of the association Rules &	on. Is that are or may be imposed by the As RD without these documents we of the HOA documents, provides cause tion. In and understand the association's provides.	ations related to the Unit, be transferred to the intenance must be kept ssociation. WILL NOT accept the es for immediate action as
Any pending violatio	n(s) must be corrected prior to app		r to approval. ny violation(s), which are not complied ecurity deposit or charged to the owne	
Applicant(s) Name(s)):			
Last	First		MI	-
Last	First		MI	-
Cell Phone:		Email:		-
If approved, and o	nce approval is ready, whon	n should we contact:		
Name:				

 Cell Phone:

 Email:

WOODLANDS OF WESTLAKE HOMEOWNERS' ASSOCIATION, INC.

Acknowledgement of Rules and Regulations

l,	and		who reside at
	of 1	The Woodlands at Westlake	e Homeowners Association,
Inc. acknowledge that I have read and u	understand the Rules a	and Regulations. Also, if app	olicable, that my one-month
deposit being held by the Association, r	may be held and/or us	ed to pay any fines or fees i	imposed if I do not abide by
these Rules and Regulations. I understar	nd that any persons liv	ring in my home over the age	e of 18, will be screened and
approved by the Association, and any ur	napproved tenants will	l be evicted at the homeown	ners' expense.
Tenant/Buyer's Signature		Date	
Print Name:			
T			
Tenant/Buyer's Signature		Date	
D.'. I No			
Print Name:			
Landlord/Seller's Signature		Date	

Print Name: